006056

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE

OF DEATH	REG. NO.				1
KERMAN	2a. DATE OF DEATH MO	DATH DA	Y YEAR	2h HOU	R
nan	December 30	, 198	35	11:0	7 AM
	6 AGE (IN YEARS LAST BIRTHD	AY] IF	UNDER I YEAR	IF UNDER	24 HRS
O O9	76	YRS	NIHS DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR	COUNTY	FDEATH		
DIVORCED	Harford Co	ounty			MD.
INSTITUTION	120 USUAL OCCUPATION		12b. KIND C	OF BUSINE	SS OR
L	Industrial H	Tyqier	industry ist,U	S-Gov	rt.Ret

X		EDNAME	FIRST H	ARRY	HENRY	l	AST ACKERMAN	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE OR PR	HA	RRY		1111111	Ale	KERMAN	December :	30, 3	1985	11:07 AM
	3. SEX			4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	IHDAY	MONTHS DAYS	
		Male.		(1)	lite	MONTH	30 09	76	YRS		HOURS MIN.
6	7a BIRTHP	LACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
1	_	or, Pa.		Hor	food.	WIDOWE		Harford (Count	ty	MD.
V		R TOWN OF DEA	ATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
2	F	A 11ston		Fallsto	on Genera	1 Hos	pital	Industrial	Hyg.	ienist,	JS-Govt.Re
100	USUAL RE 13a. STATI Mary		136 COUN Harf		Bel Air	N	13d. INSIDE CITY LIMITS? YES NOTE:	109 Fairmon	nt D	rive 2	21014
4	14 FATHE	R'S NAME FIRST		u ibbut	LAST		15 MOTHER'S MAIDEN NA	ME			
3	На	irry	D	avid	Ackerma	n	Bertha	MIDDLE		Bruch	ì
já,	160 WAS	DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	.55 Be		
	Yes	O OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	163-16-4	905	Mrs.Elinor M	.Ackerman,	109 i	Fairmont	Md. 21014 Drive
		PART I. DEATH W	AS CAUSE		line for 10), (b. gn	dic mu	socardial in	Marchin		Su a	NONSET AND DEATH
	go	inditions, if ony, we rise to im- use 101, statir derlying couse	mediate ng the	(b)_	CONSEQUENCE OF AS ACONSEOUS SALVANOS	ry o	celusivin he cardiova	scular de	BCRS		Ider
		RT 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION C	SIVEN IN PART 1	10
	CERTIFICATION 130										
-	Y 190	DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FIND TIFYING CAUSE	
1	HE							YES NO		YES [NO [
1	00.	ACCIDENT WAS UNI	CAUSE OF DE	NIN .		AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	₹Y IN ITEM I	8 PART OR PART 2)	
	¥ v	INJURY OCCUR	HILE []	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a	1 certify that (1)	(this hosp	ottended th	e deceosed from_	- 1	- 19 19 68	10_12 .	30	19 85	, that (It (see) last
		sow the deceose above. (1) (west	ed olive on	ot) view the body	ofter death	85 . 01	nd that in (my) (corr) opinion	death occurred on the de	ote and h	our and from the	e couses stated
	22b	SIGNATURE	111	21	0.00		DEGREE				ESIGNED
7		M	ful-	1.0	Sman	X	MID ATTENDING PHYSICIAN	MEDICAL STAF		12-3	31-85
	22d	PHYSICIAN'S	AME (TYPE C	OR PRINT)	- (1	22e ADDRESS	150	0 11		11 (212 -12

Mired

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

Ussman

23c NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d LOCATION

and

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

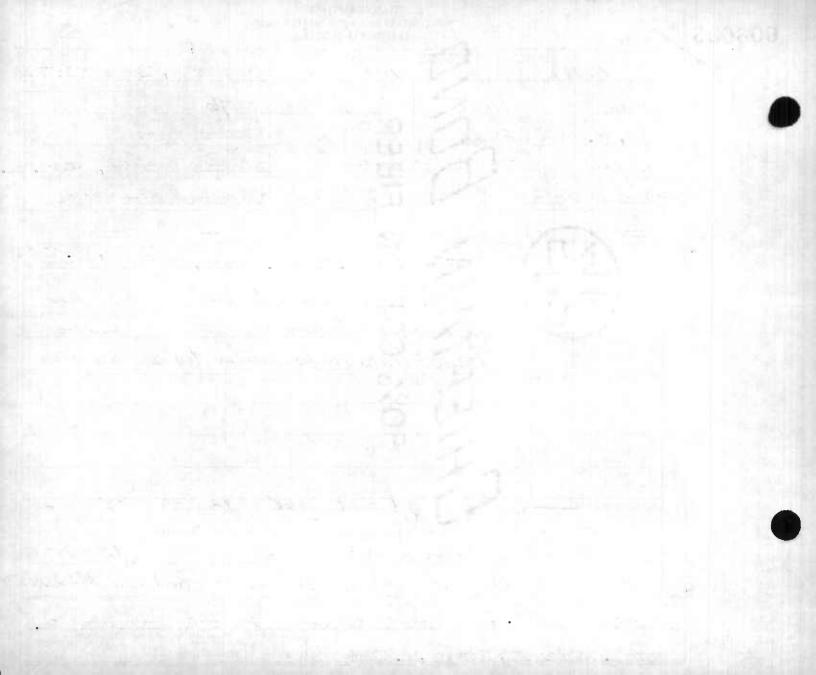
IMPORTANT: If hem 21

Howard K. McComas III, Abingdon, Md. 21009

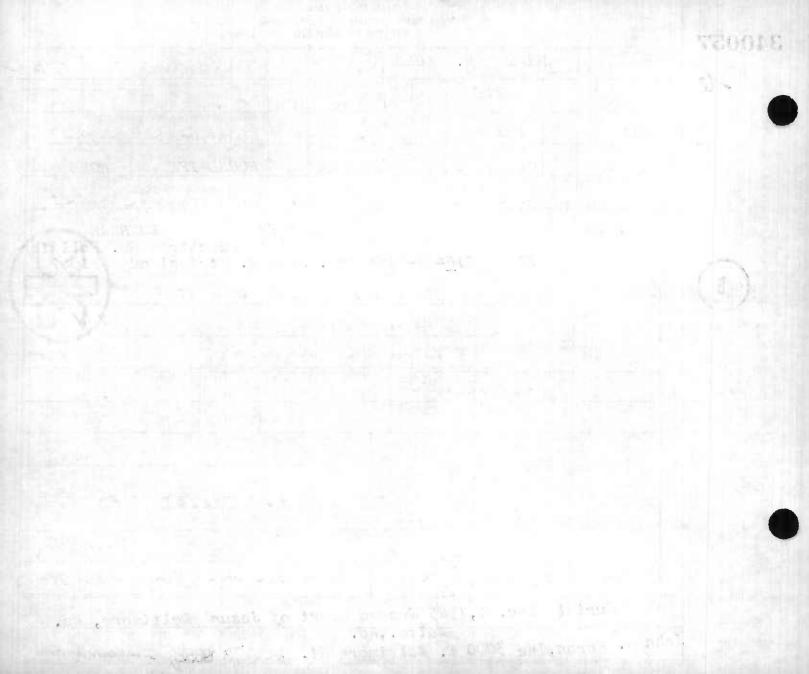
Jan.4,1986

23b. DATE

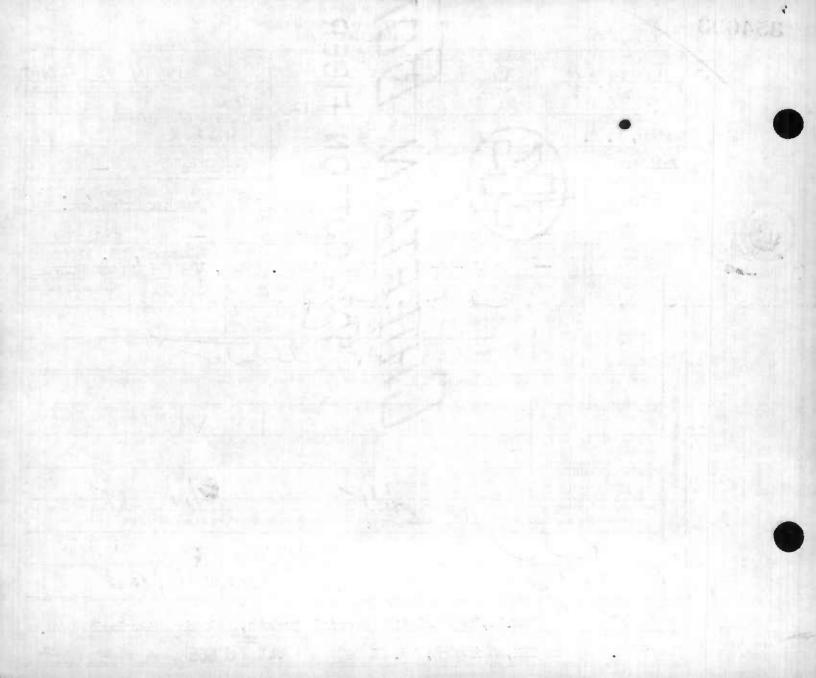
y Pen Argyl Northampton
750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



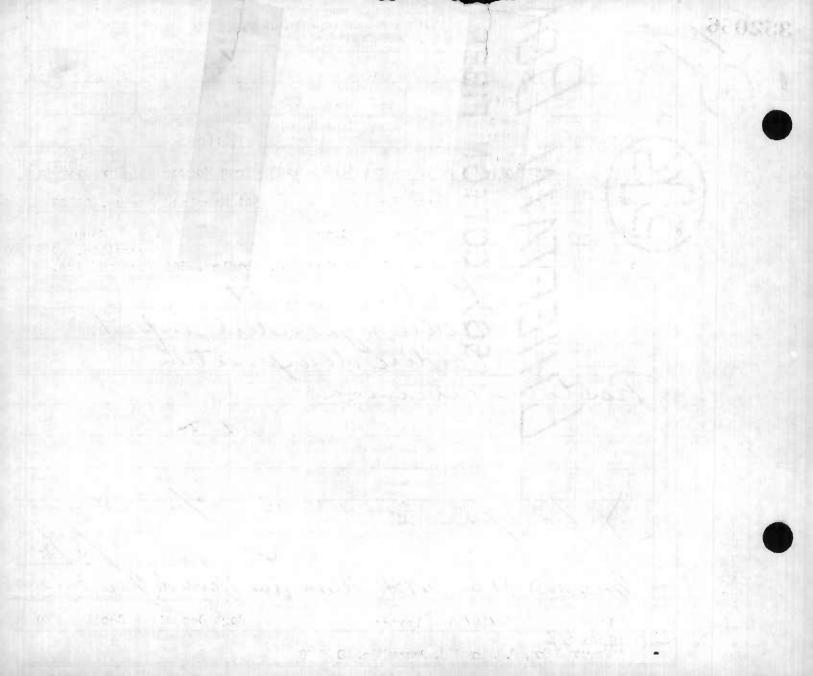
1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 3	482
	OR PRINT)		ILL AULL	12/02/85	Y YEAR 26 HOUR 5
F	emale	ARACEHITE	5. DATE OF BIRTH MONTH DAY YEAR 99	86 YRS MO	UNDER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
(USA	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	HARFORD C	
F	Gotalle	FAID to Gere	ad Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126 KIND OF JUSINESS OR INDUSTRY HOME
130. 5	NATE 136 CO	JNTY 134. CITY OR TOW	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	2104/ LROAD
	FIRSTOHN	MAGNER T	ELIZABET	TH MIDDLE BUS	SHNAN ST
	VAS DECEASED EVER IN U.S. A				
	PART I. DEATH WAS CAU	SED BY:		se Annest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	Due to, or as a sonseou	ENCE OF KETO ALL	70543	28/ HMS
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUI	ENCE OF ETES 1/2 EL	urs.	>54ton
NOI	PART 2 OTHER SIGNIFICAN			MINAL DISEASE OR CONDITION GIVEN	V IN PART 110
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF E	EATH HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T T OR PART 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive of	00 13/02/ 10	55, and that in (my) (our) opinion	death occurred on the date and hour o	ond from the couses stoted
	Mean fr	Armen	DEGREE ATTENDING PHYSICIAN 4	MEDICAL STAFF DIRECTOR PHYSICIAN	12/02/85
		/ 1 4	200 MILET	on Ave, faces	or hel may
23a B	URIAL, CREMATION, BEMOVA	pec. 4,1985	Sacred Heart of	23d LOCATION CITY OR TOWN Jesus Baltim	county State
TO FL	INERAL DIRECTOR	Kal	+0 MM 125- DA	TE DEC'D BY DECICEDADIAN DECICEDA	
	MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	TO STATE REGISTRAR I DECEASED NAME (IVPE OR PRINT) 3. SEX TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH TO STATE (ISTATE OR FOREIGN COUNTRY) 130. STATE (ISTATE OR FOREIGN COUNTRY) 14. FATHER'S NAME FIRST OHN 15. STATE (ISTATE OR FOREIGN COUNTRY) 16. WAS DECEASED EVER IN U.S. A (YES NO PRONKNOWN) (IF YES, OF THE	TO EXECUTE THE PART OF POPERATION 1. DECEASED NAME (TYPE OR PRINT) 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 1. PRACE HITE 7. BIRTHPLACE (STATE OR FOREIGN TO COULTRY) 1. WAA 1. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. STATE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE 1. STATE 1. STAT	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR DECEASED NAME (THY OR PROM) 3. SEX FRACE FROM 13. SEX FRACE 15. DATE OF BIRTH MONTH DAY 16. BURNHPLACE 16. AULL 17. BURNHPLACE 18. AULL 18. AURHPLACE 18. DATE OF BIRTH MONTH DAY 18. AURHPLACE 18. AURHP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE SEGSIFIAR REGISTAR REGISTA



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e 25 /6	THE OR PER	MANE .	1	rgaret B	MIDDLE Bun	npuss Ba	Bates		2a. DATE OF C		14	85	26. HOUR 9. 01 A
oge 4 mo	F	emale		B	ack	MON	OF BIRTH DAY 2 24	YEAR	72		YRS.		IF UNDER 24 HRS HOURS MIN.
deoth. Po	Durha	n, N. C.			USA	MARR	Trans.	ORCED	Ho	rford			MD.
201 ors ofter	Falls			(HENDENNS	UCH FACILITY, GIVE	Ceneral	HOSpi	1 1	12a USUAŁ OF (TYPE OF WORK F HOUSE	or MOSIOF WOR		b. KIND OF	BUSINESS OR
MARYLAND 2120 Calculum 24 hours Calculum 24 hours Calculum 25 hould be it	Mary.		Harf	TY	13c CITY OR		YES [NO X	1940 I	DRESS / ZIP Edgewat	ædger er Dr	wood,	Md. 2104 pt. H
		Henry ECEASED EVER	-	AIDDLE	Bumpus	SS SECURITY NO.		erst Orgiann		MIDDLE		Bulle	
UIMORE,	no no	AUSE OF DEATH	(# YES, GIVE	WAR OR DATES)	218-88	3-3398	Miss Ju		Bates	Edgew 1940	ood, M Edgewa	ater 1	1040 Drive
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert oftending physicion. When this certificate has been signed by the attending os the buriol-tronsit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or rec arked or Item 18 shows any injury, or other traumotic ex-	gov cou und	ditions, if any re rise to im, se (a), statin erlying couse	mediate ng the lost	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONS	SEOUENCI (OF	RF TNOT RECATED	du TO THE TERM	aleli INAL DISEASE	OR CONDITIO	N GIVEN IN	PART lia	
The low rection. The low rection. The low restriction.	T PFC	ATE OF OPERA	100			HICH OPERATI	ON WAS PERFOR			NO INC	IF YES, WEF CERTIFYING YES []	CAUSES	
OR ATTENDOR PROSPITED OF PROSPITED OF PROSPITED OF PROSPITED OF HEAD OF THE OF	21d. WHI AT WO 22a. I	ACCIDENT WAS UNION TRIBUTING THE NOTIFY MEDITY MEDI	CAUSE OF DEAT CALEXAMINER) RED HILE	21e PLACI (AT HOME S	P.M. E OF INJURY STREET, FACTORY, O	from 1992	211 LOCATION STREET OPEN THE CONTROL OF THE CONTROL	, 19 (our) opinion	, todeath occurred	on the date on	, 19 A	OUNTY	
TO HOSPITAL of retained by the TO FUNERAL should be deto with the State (IMPORTANT: #		PHYSICIAN'S N.	er l.	1			1220 ADDRESS	40	MEDICAL DIRECTOR [nlle	fran	1	
BP	(SPECIF	rial	REMOVAL	Dec . 1	8,1985		CEMETERY OR C	al Gard	23d. LOCAT CITY OF	1 Air	Harf	ford	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		TO K. MC	Comas	III,	Abingão	n, Md.	21009		EC 18				ander



1.11		FOR			D	EPARTME		OF MARY	LAND MENTAL H	YGIENE	5	3	4		3 1
003084		STATE REGISTRAR			MED	ICAL EX	AMINER	'S CERTI	FICATE C	F DEAT	H	REG. NO.			
世帯は北京		CEASED NAMI E OR PRINT)	MAK	CLIN	/ EDW	ARD	k	Bown	nAN	20	OF E	OWN D	MONTH	28 19 d	PS 5 7 M
Parent Pa		m	4. RACE	Jan	. 28,1	918 6°	AST BIRTHDAY) 7 YRS.	MONTHS DAY			DATE RONOUNCE DEAD	D	12	28 19	85 5 5 PM
	Har	RTHPLACE (S' REIGH COUNTRY) TISBUT	g,Pa.		USZ	A	w	IDOWED	NEVER MARR	ED 🗆	BALTIMOR	ford			MD.
NA N	Fa	11ston		Fas	ME OF HOSP NOT, IN SUCH FACE	Gener	ADDRESS)	SOTHER INST	titution 4	Logi	LOCCUPAT IST OF WORKING STICS	Engir	eer	VS-gC	or BUSINESS BUSINESS DVt. Ret
AND 3	3a. S		(IF IN NURSING HOMI 13% COU Harf	NTY	INSTITUTION, GIVE	RESIDENCE BEFO 13c. CITY OR Bel A	TOWN	13d. INS	IDE CITY LIMITS?	13e STREE 146	T ADDRESS Fairm	ont D	rive	21	.014
E, MD.		Robert		Jaco		Bowman		R	other's maide achel	EN NAME	MIDDU			eistwi	
ALTIMOI S. ALTER GIVE PAI THY SOR VISION O	16s. V	Yes		-Kor	ea		6-9177		• Ruth	E. Bo	wman,	146 F	l Ai	ont I	
ON ST., BA 24 HOURS TIEM 18, O LONG WI PERMIT PA		PARTIDE	F DEATH (Enter of ATH WAS CAUS IMMEDI	ED BY: ATE CAU		CAL	DIAC	AR	REST					BETWEEN	MATE INTERVAL ONSET AND DEATH
TOTED WITHIN 24 HIN PERSTONS IN PENCIL IN ITEM EXAMINER ALONG RIAL-TRANS IT PERM ON MENCAL PROPERTY OF REMOVAL.		gave ris	ns, if any, whice se to immediate stating the <u>unde</u>	h te	(b) DUE TO, OR A	C	7 A 0.1	JANY	ART	eny	DISE	A3 E	,		
ECORDS, 301 BE EXECUTE INDING' IN P MEDICAL EXI AS A BURBLA ALTH AND MI MATION, OR		lying cau	GNIFICANT CONDITION	(S CONTRIBU	(c)				DITION GIVEN IN PA						
S = = = = = = = = = = = = = = = = = = =	CERTIFICATION	19a. DATE OF	OPERATION		198 CONDITI	ON FOR WHI	CH OPERATION							28. AUTO	PSY?
FVITAL FESHON WORD TESHON TECHIE ORIAL	RTIF		WIA					2/4						YES	O NO P
PICA THE OUTE OUTE	MEDICAL CE	UNDERLYING CONTRIBUTII	CAUSE WAS OR Y NG CAUSE OF		P.M.	MONTH DA	YEAR 19		URY OCCURRE	D (ENTER NAT	TURE OF INJURY	IN ITEM 18 PAR	T I OR PART	[2]	
DIVISIC HIS CERTI WRITING VARDED T AGE 3 SH ATE DEPA	MED	WHILE AT WORK	NOT WHILE AT WORK	Ka	21e PLACE OI STREET, FACTO	RY, FARM, ETC.)	THOME, 2	If. LOCATION STREET	1	MA	CITY OR TOWN		COUN	NTY	STATE
XAMINER: 1 KAMINER: 1 ERTIFICATE, 1 ERTIFICATE, 1 IRECTOR: P WITH THE ST RYLAND, 211	3	22a. I certii death resulta	ly that I taak cha ed fram: Nat	rge of the		ribed abave, h	eld an ,	Autapsy	, Inspectio		Inquiry		n my apir	nian	
		ACTUAL SIGNATURE	Gan	لمر	uful	hu			E (SPECIFY)	A MEDIC.	AL EXAMINE	ER .	DATE SIGNED	12.7	2885.
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETHE TO FUNETHE AFTER DEATH BALTIMORE, MA	1	EXAMINER'S (TYPE OR PRI	VT)		ras H			ADDRES			५३२ ।	とりとでい	TAL	497	11047.
BP BP	23a.81	Burial Burial	TION, REMOVAL		2,1986			RY OR CREM		23d. LOC.	TOWN	Uan	COUNT		STATE
DHMH - 17		INERAL DIREC			11 7 60 -	COST IN		2000		Bel REC'D. BY RI	Air EGISTRAR		FAR'S SIG		/d
(VR A15 ME (5)) 15M 7/77	Н	oward I	K. MCCom	as I	II, Ab	ingdon,	Md. 2	1009	UEU	31 19	385	ira Day	idson-	-Mande	R.



	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
1.171	CEASED NAME THOM	MAS CHRISTOPHE	Rast		MONTH DAY YEAR 26 HOUR
100		T4 RACE	O ICII 4 V	6 AGE (IN YEARS LAST BIRTI	10.001
1.58	Male	White	5. DATE OF SIRTH Oct. 12, 1911	74	YRS
feet and	RTHPLACE (NUMERORIORIES)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED WIDOWED DIVORCED	1-larfor	COUNTY OF DEATH
P	TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI FOUR STREET (IF NOT IN SUCH FACILITY, GIVE STREI FOUR STREET (IF NOT IN SUCH FACILITY)	ING HOME OR OTHER INSTITUTION IT ADDRESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	
	STATE 136 CO	UNTY 13. CITY OR TO Baldw		13e STREET ADDRESS /	
	James	IMIDDLE LAST	15 MOTHER'S MAIDEN N		Broderick
	AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 215-09-9	URITY NO. 17. INFORMANT	E. Brady S	
	PART I. DEATH WAS CAUS		vascular Occli Sclerotic Card		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	couse (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF		
NON	couse to stating the underlying cause last	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND TO POSTASIS	DITION GIVEN IN PART TIO
BICAT	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		DITION GIVEN IN PART TIO
CAL CERTIFICAT	PART 2 OTHER SIGNIFICAN A COME OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	T CONDITIONS CONTRIBUTING TO CINOMA FINE 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DEATH BUT NOT RELATED TO THE TER THE CONTROL OF THE TER THE TER THE TER THE THE TER THE THE TER THE THE TER TH	10 AUTOPSY?	2015 ION GIVEN IN PART TIO 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
/ HICAT	PART 2 OTHER SIGNIFICAN PO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED NOT WHILE NOT WHILE AT WORK	T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHILE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 216 HOW INJURY OCCU 19 216 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TO THE PART 1 OR PART 7]
CAL CERTIFICAT	PART 2 OTHER SIGNIFICAN Part 2 OTHER SIGNIFIC	T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCU STREET	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUR.	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO

23c NAME OF CEMETERY OR CREMATORY
Gardens of Faith

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

Burial

²⁴ FUNERAL DIRECTOR

Leonard J. Ruck, Inc. ADDR'Baltimore, Md.

236 DATE

12-14-85

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore, Maryland

STATE

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23d LOCATION

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 360117 REGISTRAR REG NO L DECEASED NAME 20 DATE KNOWN XX MONTH YEAR (TYPE OR PRINT) ESTI-DEATH MATED HOURS STREET, Brandon K. Brinkman 19 85 2-16 6 AGE (IN YEARS | IF UNDER 1 YR 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS. 3:45 P. M 2c. DATE LAST BIRTHDAY PRONOUNCED 10 85 12 - 16DEAD RTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD U. S. A WIDOWED [DIVORCED Harford County, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Harford Memorial Hospital STUDENT H.5. Harve De Grace 13b COUNTY 3a. STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PORT DE DOSIT CECI NO X URS AFTER DEATH. IF 18. GIVE PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF WHAL R. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST PARIENE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS DARLENE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PROBLES A SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARKAND, 21201 PRIQR TO BURIAL. YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 3: 05KX driver in auto/tractor trailer impact 12-16 1985 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 40 & Jackson Station Rd., Perryville, road Harford Co., Autopsy X 27s. I certify that trook charge of the rema Inspection death resulted Undetermined manner TITLE (SPECIFY) 12-17-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) WEST NOTTING HAM MD. COLORA 07/84 BP CECI 25M 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	100	REGISTRAR				CERTIF	ICATE OF DEA	ın	REG. N	Ю.				
-		EASED NAME	FIRST JC	ohn '	Mill Will	iam '	AST Chell, S	r.	20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR	
ı	(LANE	OR PRINT)								12	14	1985	8:33 A	M
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П		AS DECEASED EVER I		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDR	ESS				
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9	FIC	TALL DIVILE OF GLERNI								IN CER	TIFYING	CAUSES	OF DEATH?	
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should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

After this certificate has been

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR							REG.	NO.		
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3. S	EX		4 RACE		5 DATE C			6 AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HRS
	Male		Blac		3	PAY	09	76	YRS		HOURS MIN.
Pa. s	BIRTHPLACE (STATE OR I COUNTRY) Md.	OREIGN	76 CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	TAIL	AARRIED -	9. BALTIMORE CITY	ford	OF DEATH	M
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1	FATHER'S NAME FIRST		MIDDLE	Clark			MAIDEN NA/	WE		LAS)T
160	WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMA			RESS		
	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-03-7	7313	Valaid	a Parke	er 80 Clark	Lane		
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MEDICAL CER	2)0. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAL EXAMINER	HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR			RED (ENYER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
MED	WHILE NOT WE AT WORK	ILE 🗀	(AT HOME STR	OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	21f LOCATIO)N	CITY OR	town	COUNTY	STATE
	220 I certify that (I) saw the decease above, (I) (we) (c	ed alive an		19		nd that in (my)	(aur) opinion	death accurred an the			that (I) (we) la causes stated
	22b. SIGNATURE	NK	rarole	rusles	m	DE GREE	TTENDING PHYSICIAN	MEDICAL ST	AFF	220. DATE	SIGNED
1	ANDI-	ME (TYPE C	NowA.	KOUSKI	MD	22e ADDRES		main.	ST Z	362 A	ng mo

BP

TO HOSPITAL

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been

DHMH - 16 60M 7/84

230. BURIAL, CREMATION, REMOVAL 236 DATE 12-21-85 Burial

234 NAME OF CEMETERY OR CREMATORY Cokesbury United Meth.

Beard 353 Fountain St.

23d LOCATION

Port Deposit Cecil

Md .

Havre de Grace, Md. 23 985 Fulia January 25.

Julia Davidson Randall

And The Control of th

The second of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 21201

1 - STATE

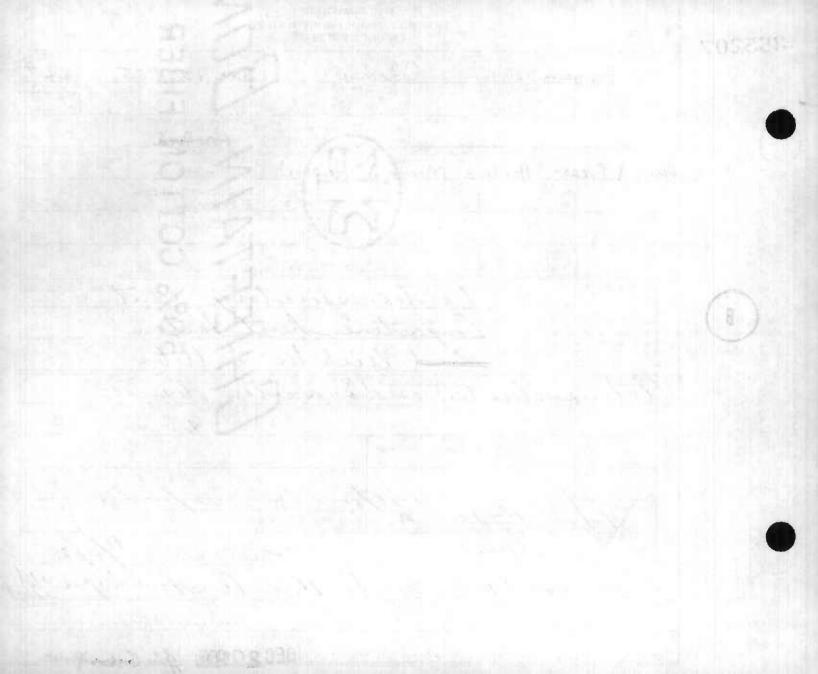
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CEKIII	ICAIE OF DEATH	REC	6. NO.		
		1. DECEASED NAME FIRST MIDDLE					AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	(ITE	CAPRINI)	Sie	Guvie	(Joles	nan	Dec./	5. 198	35	8:40 th
	3 SEX		4	RACE		5 DATE C		6. AGE (IN YEARS LAS	1 BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	M:	ale		Black		Apr 2	23.1910	75	YRS	MONTHS: BATS	HOURS MIN.
ľ,	7a. BIR	RTHPLACE (STATE OR OUNTRY)	FOREIGN 7		WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
1		labama		II S	Α	WIDOWE		Har	ford.		MD.
1		TY OR TOWN OF DE	ATH 1	1. NAME OF	4.4.4	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR
1	HA	in de Roo	Acre-	Hanfor	A Me	maci'd	Hospital	Construc		INDUSTRY	
1	USUA 13a S	L RESIDENCE (IF NUR	SING HOME OF O	THER INSTITUTION.	GIVE RESIDENCE BEFOR		A LOL INICIDE CITY I I MAITE	13e STREET ADDRE		· ·	21.00-
2		ryland	Harfo		Aberdee		13d INSIDE CITY LIMITS? YES NO			e. Aber	21001 deep MD
Ī		THER'S NAME				10.1	15 MOTHER'S MAIDEN NA	ME		CIADCI	accii, iii
Į		Joseph	M	DOLE	Colema	an	Viola	MIDD	.€	Gandy	iT
	16a W	AS DECEASED EVER			166 SOCIAL SECU	URITY NO.	17 INFORMANT	AC AC	DRESS		1001
	(A	NO OR UNKNOWN)	N/A	WAR OR DATES)			Lorine Boykin	,459 Elmh	urst S		
		18 CAUSE OF DEAT		one couse per	line (b), (b), an			4			MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	VAS CAUSED IMMEDIATE		1 are	lik	respirar	losy	asse		
			MACOIAIE	DUE TO O	CONSTOL	ENCE OF	. 0	-11	11		
Н		Conditions, if any	, which	(ib) (onge	eli	ue her	it ta	clur	e	
		gove rise to important couse (a), statu		DUE 40 0	AS A ONSEQU	MICE OF!	1111	0	201	100	
		underlying cause	e lost	9	-	·KI	leabeles	mel	litus	2	
d		PAR 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C			0
1	₹/	estere	porc	less	tie o	ma	ionasen	lan o	usea	12	
1	N N	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
	CERTIFICA							YES NO	Y	ES [NO 🗌
1		210. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
-	CAL	(IF EITHER, NOTIFY MED		Ρ.		19					
	MEDICAL	21d. INJURY OCCUR		21e PLACE I	OF INJURY	FARM ETC }	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	-	WHILE NO					1		1		
		774 I bertify that (I		il) oftended the	e deceosed from_	13	19 05	10	115		that (1) (we) lost
		abd (I) (wb)	ed mive on _ did did not	view the body	after death.		nd that in (my) (our) opinion	death occurred on th	ie date and ho	our and from the	couses stoted
		27h 539 hAV	2	Varia			DEGREE ATTENDING.	MEDICAL	STAFF	22c. DA	SIGNED
	1	N 11 4	nua	Church	1.		PHYSICIAN	DIRECTOR PH		15	AN .
		22d PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS	1	1/	rolo Os	are Hal
	7	T. JAMI	AKAU	NAM	, D, =	3/9	to lower	u close,	/ our	accega	7/07/
	- (5	URIAL, CREMATION,		236. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	N	COUNTY	STATE
	E	Burial/Tra	nsit	Dec.19	.1985 S	pring	Hill Cem.	Georgia	nna Bu	tler, Ala	bama

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3390EC

DHMH - 16 60M 7/84

(VRA 15, 4)



er death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	CEASED NAME	FIRST	WIDDIE	L.	ASI		MONTH D	AY YEAR	2b HOUR
(TYPE	OR PRINT)	apence	H.	C	Rouse	Dec	· 17	1985	7:45 PM
3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Male	Whi	Lte	08	08 09	76	YRS	OIVINS DAYS	MIN.
7a BI	RTHPLACE (STATE OR FO		OF WHAT COUP	VTRY? 8		9 BALTIMORE CITY O		OF DEATH	
	st Virginia	USA	A	WIDOWE	D NEVER MARRIED DIVORCED	Harf	GRO		MD.
10 C	ITY OR TOWN OF DEAT	H 11. NAME (OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
He	VRE de GR	Ace Hart	ar I M	emorial	Hospital	Security Gu			Security
130 S	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTE	134. CITY OF	BEFORE ADMISSION)	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIR CODE		
Ma	ryland	Cecil		Deposit	YES NO X	38 Abrahams		, 21904	
M. FA	ATHER'S NAME	MIDDLE	LAS		15 MOTHER'S MAIDEN NA	ME			
1	Lonnie	Baxter	_	ouse	Minnie	Eller	1	Toli	ver
	VAS DECEASED EVER IN			SECURITY NO.	17 INFORMANT	ADDRE	SS	21	904
and (NO NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:		6-9867	Shirley E. Cr	ouse 38 Abrah	nams Rd.		
MEDICAL CERTIFICATION	Conditions, if any, no gove rise to imme cause (a), stating underlying cause	S CAUSED BY: MMEDIATE CAUSE (a) DUE TO Which diote the DUE TO [6] FIGANT CONDITIONS DN 196 CO	ORAS A CONS	EQUENCE OF SEQUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	N IN PART 110 WERE FINDING CAUSES C	
DICAL C	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d, INJURY OCCURRE	LEXAMINER)	A.M. MONTH P.M. CE OF INJURY	H DAY YEAR	211 LOCATION				
ME	WHILE NOT WHILE	(AT HOME	STREET, FACTORY, O	OFFICE, FARM ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
	226. I certify that (I) (t saw the deceased abave, (I) (17	- 17	19.85, on	21 , 19 35 and that in (my) (aur) apinion DEGREE				100
	22d. PHYSICIAN'S NAM	AE (TYPE OR PROM)	u	14.	ATTENDING PHYSICIAN [DIRECTOR PHYSIC	IAN [13/1	481
	Leticii	1 (3)	LVEZ	M.D.	625 S.U	NION ST. H	TALRE	dega	THE H
23a B	BURIAL, CREMATION, RE		20/85	1.2	1 Cemetery	Port Depo	osit (Ceci1	MD

DHMH - 16 60M 7/84

should be detached far use as the burial-transit permit. Then please remove carbanpaps with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

18 shows

IMPORTANT: If them 21 is marked or the

TO FUNERAL DIRECTOR: After this certificate has been signed by

injury, or other troumatic event,

(VRA 15, 4)

A. Patterson & Son, P.O. Box 188, Perryville, MD 21903

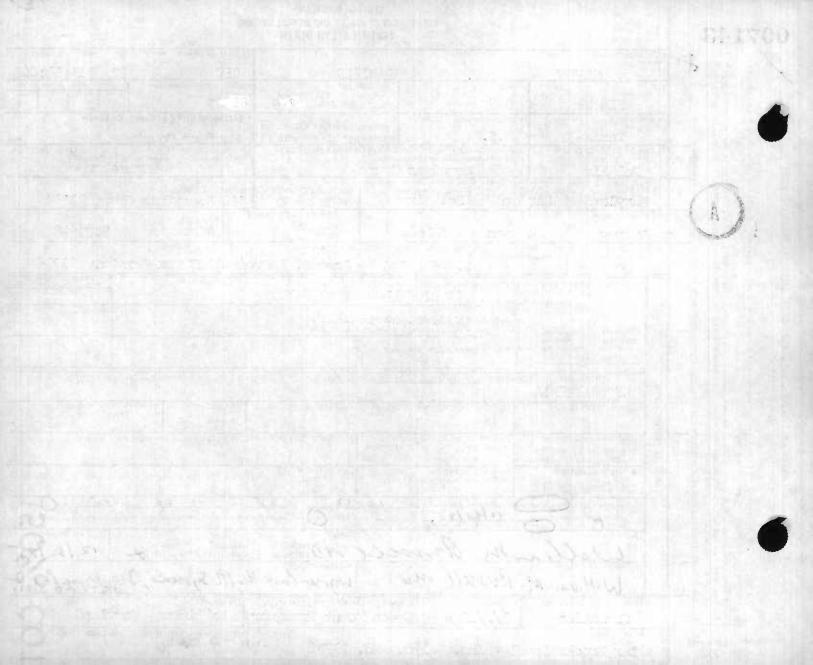
DEC 26 1985 Julia Auridson-Fundade

11 MARK 11 the state of the same

Walter Brooks Bradley Inc. Balto., Md. 21222

(VRA 15XC

STATE OF MARYLAND



	1			STATE OF MARYLAND		101	0 1 1
343051	1.	STATE STATE	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH	5 4	0 4 4
* II #	P DE	CEASED NAME FIRST GEORGE	ia E. Di	AUGHTERY	REG. 20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 45
recto to us of the	1.56	F-emale	4 RACE W HITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST I	YRS.	DAYS MOURS MIN.
Direction of 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) MD,	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARI	CED Harfor		MD.
1 11 62	F	allston	IF NOT IN SUCH FACILITY, GIVE STREET FAILS for GENE ROTHER INSTITUTION GIVE RESIDENCE BEFOR	- A	(TYPE OF WORK FOR MOS	of working Life) INDU	KIND OF BUSINESS OR USTREME
	130	TATE MD, 136. COUNTY	NTX 136. CITY OR TOW	N 134 INSIDE CITY L	X 2013	SENS	Les 2164
(4) /20		Theodore	Addison	Sus	an	Chr	7,5+el
Y 1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECULA FOR MAR OR DATES) 220/2		. Cheekated	06 Armsti gewood, N	rong Stree [.] Maryland
ertificate g physic sen pape removal.		PART I. DEATH WAS CAUSE	nly ane cause per line far ia), (b), an ED BY: TE CAUSE (a)	SHUCK		86	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
that the death of by the attending oner remove con-		Canditians, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	LEU	REMIA		
onguires. Then play or to buring	NON	ARTER	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO		ART 1 a
1000000	ERTIFICA	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORME	YES NO	YES 🗆	AUSES OF DEATH?
HYSICIAN Inding physician his certifica themsol than d Mental thy or fign 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	CITY OR		
ENDING P of er other use of the Haolth on	2	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspi	ital) attended the deceased fram	11/22	985.10 12	19/1	, that (l) (we) last
TAL OR ATT 7 the hospit RAL DIRECTO detached for oute Dept of		abave, (I) (we) (did) (did na 17b. SIGNATURE	use the body after death	DEGREE ATTEN PHYS	ODING MEDICAL ST	AFF T	DATE SIGNED
O FUNER Novid by Company of FUNER Novid by		DANTE (TYPE O	MONAKIL	22e, ADDRESS HAVRO	de Grace	Me "	21078
BP	23a	BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OF CREM Bel Air Mem.	Gds. Bel Ai:		rd Maryland
DHMH - 16 60M 7/84		JNERAL DIRECTOR	mas TTT Abingo	on Marulan	25a DATE REC'D. BY REGISTRA	R 25b REGISTRAR'S SI	igna Mandell

1		S	TA	λT	_	TR
1. E	EC	E.	AS	E	D	٨

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O	2		0	a.j	0	. 4	-
	REG. N	10.					
TE OF I	DEATH	MONTH	DAY	YEA	R 26	HOUR	
TEVE	A/IDIT	10	10	0.	1 -	1 7	-

30	1. D
30	3 5
	7a.
10	10
Tarib San	1. D (11) 3. S 7a. E 10 (13) N 14 (14)
10	14.1
medical	160
PORTANT: If hem 21 is more about the little of one priory, or other municipations the	MEDICAL CERTIFICATION

	(TYPE OR PRINT)	FIRST	WIDDLE	1431		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
	(TIPE OR PRINT)	RALPH	HOLT	DEAN	JR.	DECEMBER 18,	1985	5:17 AM		
	3 SEX	4 RACE	4 RACE		IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	Male		hite		, 1923 YEAR	62 YRS	MONTHS DATS	HOURS MIN.		
	To. BIRTHPLACE (STATE OR	FOREIGN 76 CITIZ	ZEN OF WHAT COUNTRY	? 8	I verse vises 🗆	9 BALTIMORE CITY OR COUN	TY OF DEATH			
r	Elkton, Md.		USA	WIDOWED [NEVER MARRIED	Harford Count	У	MD.		
9	18 CITY OR TOWN OF DE	ATH 11. NA	ME OF HOSPITAL, NURS	ING HOME OR		120 USUAL OCCUPATION		F BUSINESS OR		
	Joppa	251	8 Lincrest	Road		Staff Supr. Telephone				
5	USUAL RESIDENCE (IF NUR 130 STATE	136 COUNTY	13c. CITY OR TO		INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO				
4	Maryland	Harford	Joppa		ES NOX	2518 Lincrest	Road :	21085		
	14 FATHER'S NAME	MIDDLE	LAST	76.7 J	MOTHER'S MAIDEN NA	MIDDLE	LAS			
	Ralph	Holt		n, Sr.	Flore		Hudson			
	160 WAS DECEASED EVER	(IF YES GIVE WAS OR			INFORMANT	ADDRESS JO	ppa, Md.	21085		
į,	165	AMATT	220-09-0	יון סככנ	rs. ports J	. Dean, 2518 Li				
		TH Enter only one co	ause per line far (a), (b), a	ind (c)	Δ.	1	BETWEEN C	IMATE INTERVAL ONSET AND DEATH		
١		IMMEDIATE CAUS	E(0) 1255-1	NATOI	ey m	1621	_			
/	9599	Conditions, if any, which (16) ASTROCYTOMA and 1 Core of								
	Canditians, if any	2 ~	mus							
	cause (a), stati		E TO, OR AS A CONSEO	UENCE OF	hem	upher				
		((c)							
1	Z PART 2 OTHER SIG	NIFICANT CONDITI	IONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR CONDITION	SIVEN IN PART 116	0		
ń	190. DATE OF OPERA 210. ACCIDENT WAS UN	TION 19b	CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED		YES, WERE FINDIN			
d	単ルフト	1- 1	Rain truso	~ bio	pu.	YES NOT YES NOT NOT				
Ī	210. ACCIDENT WAS UN		TIME OF INJURY	2	HOW JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM				
1		CAUSE OF DEATH	OUR A.M. MONTH I	DAY YEAR						
1	(IF EITHER NOTIFY MED 21d INJURY OCCUR	RED 21e	PLACE OF INJURY	21	I LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	WHILE NOT W	MILE	HOME STREET FACTORY, OFFICE	FARM ETC)	SINCEL	CITION TOWN	000,411	SIAIC		
	22a I certify that (I	220 L certify that (I) (this haspital) attended the deceased from								
H	saw the decease	sed alive an	he body ofter death.	, and t	hat in (my) (aur) apinian	death accurred on the date and h	our and from the	causes stated		
	77% SIGNATURE									
	9	1000	-1		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/	19185		
	278 PHYSICIAN SPI	AME HITE OFFICE	>	2	e ADDRESS	0A:11 0.1	1 63			
	O. ME	E /IU	270		1502 40	JRK KU	1093			
	230 BURIAL, CREMATION	, REMOVAL 236. D	ATE 23c	NAME OF CEM	TERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
	Burial	Dec	.21,1985 E	Lkton Ce	metery	Elkton	Cecil	Md.		
	24 FUNERAL DIRECTOR				25a DAT	E REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATI	URF -		

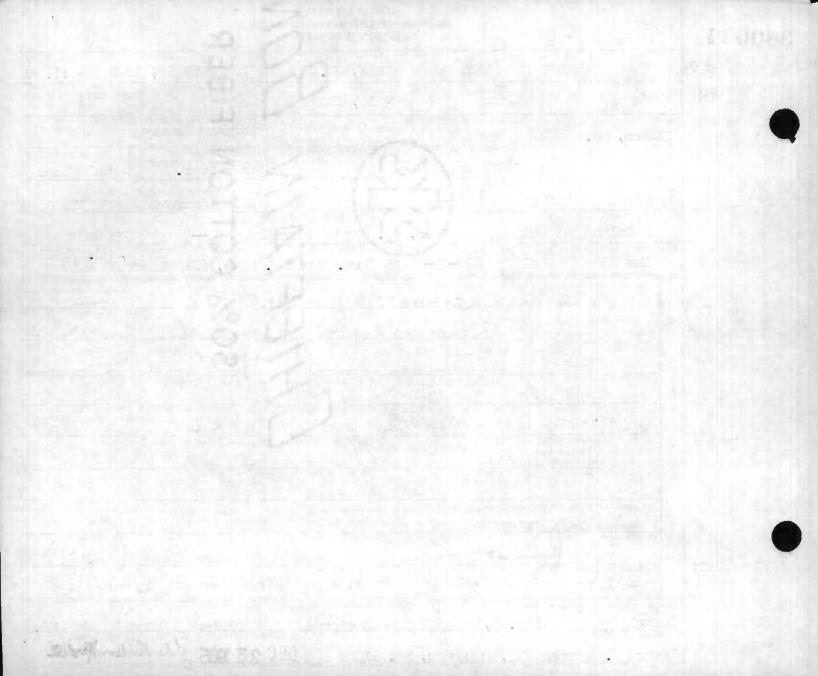
Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84

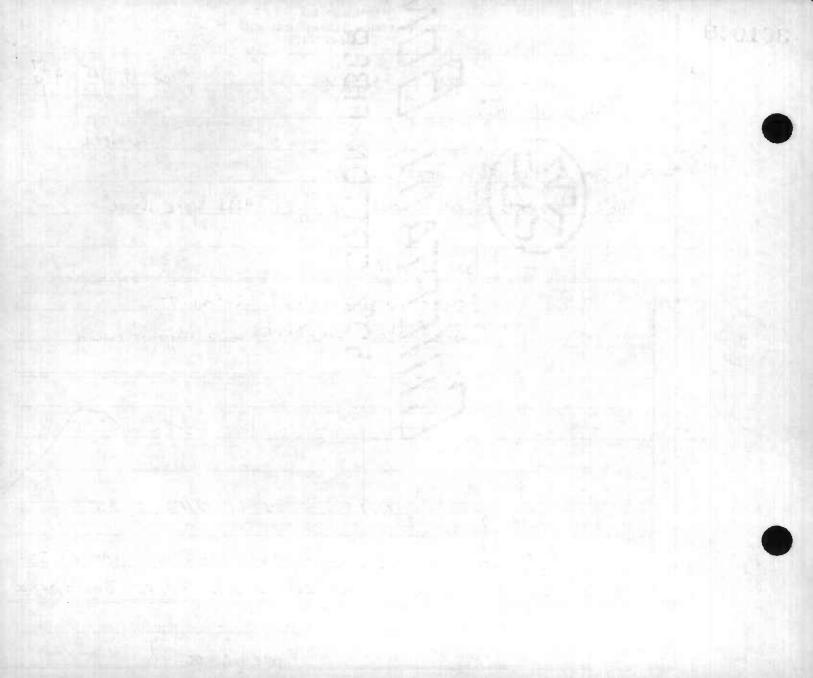
(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



	-				STATE	OF MARYLAND	R	da.	41 8	1 14 15
3610 18	1.	FOR		DEPARTA		ALTH AND MENTAL HY	SIENE	6	7	4
OG TO WO		REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.		
	I DE	CEASED NAME FIRST		MIDDLE	LA	ST		MONTH DA	Y YEAR	26 HOUR
x 75 1001	{ TYPE	Jam Jam	1.0	1614	D. 6	Larric		100 16	1 1985	113
P 95 %			4 RACE	Marold	5. DATE OF	20015	6 AGE (IN YEARS LAST BI	THOAY)	UNDER I YEAR	IF UNDER 14 HRS
4 14 //1	1.5E		* RACE 1 +	100000	MONTH	DAY YEAR	AGE THE TENST STORY	-	ONIHS DAYS	HOURS MIN.
- 5 85 //A		Hale	While	٠	Jan. 2	2.1923	62	YRS	17 30	
是 是是 (4)		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 15 多		Virginia	U.S.	Δ	WIDOWED		100	16	rord	MD.
1 1 1	10 C	TY OR TOWN OF DEATH	11. NAME OF			OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
\$ \$2/\$//	Uhi	KL. d. COMEE	(IF NOT IN SEC	H FACILITY, GIVE STREET	ADDRESS)	Tal	TYPE OF WORK FOR MOST			
1 11 40	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 0000	<u>lAuto Deale</u>	r	Priva	ire
2 33 66	13a. S	STATE 136 COU	AIA	13. CITY OR TOW	9	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	w. A	10 18
1 1 2	14 5	ATHER'S NAME	ora	Harrine	STACE	YES NO X	14003 YOI	K INVI	VC	100
TATA	14. 17	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAS	л
2 60/20		James	Α.	DeBoni		Pear1		500	Hash	
1 17 41		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDR	£55		21078
		YES WW.	II	223-20-1	3478	Betty Jo DeB	onis,4003 Y	ork Dr		
4 36 4/		18 CAUSE OF DEATH (Enter a	nly ane cause per	line far ial (b), and	dic		Λ	1	APPROXI BETWEEN	MATE INTERVAL
A STATE OF THE STA	10	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	Acute	my	reavolial	inteni	+		
1		IMMEDIA	500 - 100							
(p + 35 5		Canditians, if any, which	DUE 10, O	RAS A CONSEQUE	NCE OF	mellit	+ h	norite	125000	
(a D a 3 to a		gave rise to immediate	(6)_	O 1 1 c				10	Cast	
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
€ plan		PART 2 OTHER SIGNIFICANT	(6)	ON THE PROPERTY OF THE	SEATH BUT N	LOT DELATED TO THE TEDA	AINI AI DISEASE OR CON	IDITION ONE	ALINI DADT 1	
men de production de productio	z	PART 2 OTTLER SIGNIFICATOR	COMPINIONS CO	SIN I KIBOT ING TO L	ZEATH BOTT	TOT KELATED TO THE TERM	MINAL DISEASE OR COI	DITION GIVE	IN IN FART TH	
1 110	1 E	90 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	Table 16 YES	WERE FINDIN	VGS LISED
4 8896 7	8	THE DATE OF OTERATION	170 00710			THE TEN ONNED		IN CERTIFY	ING CAUSES	OF DEATH?
10 110 20	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	AE INTITION		21. HOW IN HIRV OCCUP	YES NO	YES		NO 🗆
44 Sat a	0	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	JKY IN ITEM IS PAN	CET OR PART 2)	
No Figure 1	Q	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19					
## ## 0 p	de de	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
24 3 5 5 S	^	NOT WHILE AT WORK								
0 4 10 E		220 I certify that (1) (this hasp	ital) attended th	e deceased fram_	12/17	, 19_55		91	. 23.	that (I) (we) last
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive an abave, (1) (we) (did) (did no	at view the hady	after death	5, and	d that in (my) (aur) apinian	death accurred an the o	ate and haur	and fram the	causes stated
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2 0 0 0 0 E	100	- ch	much			ATTENDING PHYSICIAN	MEDICAL STA		Acc	19/85
+OSPITAL med by H FUNESAL old by dee		220 PHYSICIAN'S NAME THE	OR PRINT)			22e ADDRESS	J DIRECTOR LITTIST			, ,
TO FUN TO FUN TO FUN TO FUN THOUSE THE		IAN D 5	mi	VILLE		400 LEVI-	5 5To 6	AVRE	DE	GRACE
5 5 5 3 3	220 1	BURIAL, CREMATION, REMOVAL			IAME OF CE	METERY OR CREMATORY	1236 LOCATION			OMITEL
00	100	(SPECIFY)					CITY OR TOWN		COUNTY	STATE
BP	_	urial UNERAL DIRECTOR	Dec.22	. 1985 Ha	artord	Mem. Gdns.	Aberdeen. TE REC D BY REGISTRAN			
DHMH - 16 60M 7/84		rring Funeral	Home D A	ABARRA	an MD					
(VRA 15, 4)	10	irring runerar	rome, r. F	., ADELUE	=11,110,	21001-3399	C 0 4 1005	Grolia Di	CONTROL CONTROL	1



2a. DATE OF DEATH MONTH DECEASED NAME DIEGELMAN OR PRINTI 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH MONTH YEAR MALE 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED HARFORD COUNTY MARYLAND WIDOWED DIVORCED [TYPE OF WORK FOR MOST OF WORKING LIFE! FALLSTON ACCOUNTAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 2402 STONE FATHER'S NAME IS MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. 16b SOCIAL SECURITY NO. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? Hygier 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TIC HOW INJURY OCCURRED LINIER NATURE OF 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED THE LOCATION 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, JAMM & NOT WHILE 220 I certify that (1) (this hospital) attended DIRECTOR saw the deceased alive on_ obove, (I) (we) (did) (did not) view the body ofter death 22b SIGNATURE DEGREE ATTENDING & MEDICAL STAFF be deto e Stote (PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES ld b

FOR

REGISTRAR

- STATE

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ATH BUT NOT RELATED TO THE TERMINAL DISE OF CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | YES JURY IN ITEM IB PART I OR PART 21 STATE and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated MPORTANT: with 0 23s. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DAR HIGHVIEW BURIAL BYRECHTAR 256, REGISTRAR STONATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

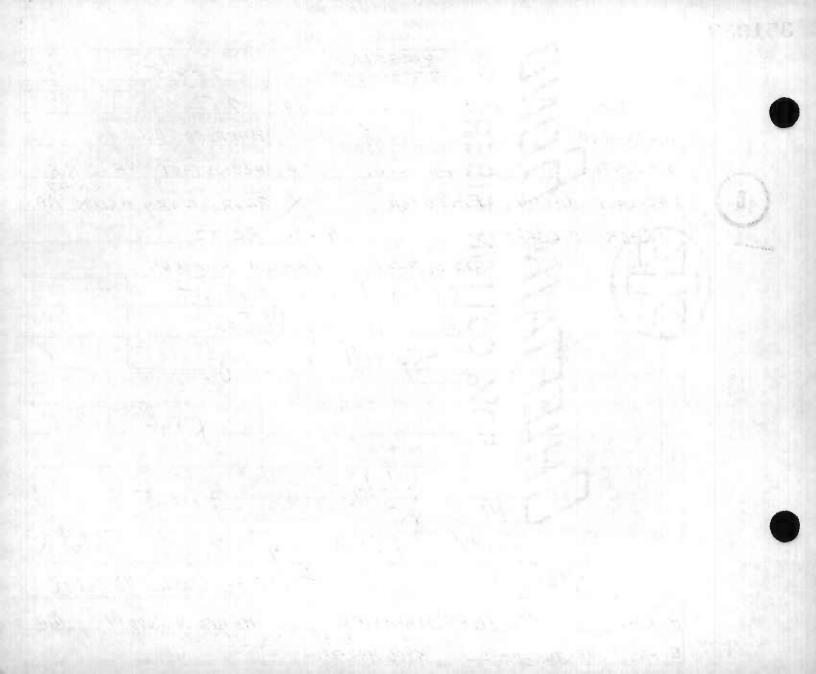
LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 340110 1 DECEASED NAME 20 DATE KNOWN [7] (TYPE OR PRINT) Helen OF ESTI-G L 190 4. RACE 3. SEX S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAD LAST BIRTHDAY PRONOUNCED Female White DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUN WIDOWED P Kentucky DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 37043 13e STREET ADDRESS 13d. INSIDE CITY HAUTS? 1834 Madison St. Montgomerv YESXX NO [Apt4 FATHER'S NAME Yrau Charles Burress Mae 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (IS. NO. OR UNKNOWN) 100/21 Franklin St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF A.SUVD Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO T MENT O BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE BALTIMORE, MARYLAND 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Accident Homicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Removah Dec. 3. 1985 Ft. Donelson Nat'l Ceml Dover Stewart Tennessee 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Patterson & Son P.O. Box 188. Perryville, MD 21903 (VR A15 ME (5))

STATE OF MARYLAND



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Janpleys Inc., 3353 nanhlin St., Clarkeville

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

n and completely filled in by the funeral director page 3 Pages 1 and 2 should be filed within 72 hours ofter death

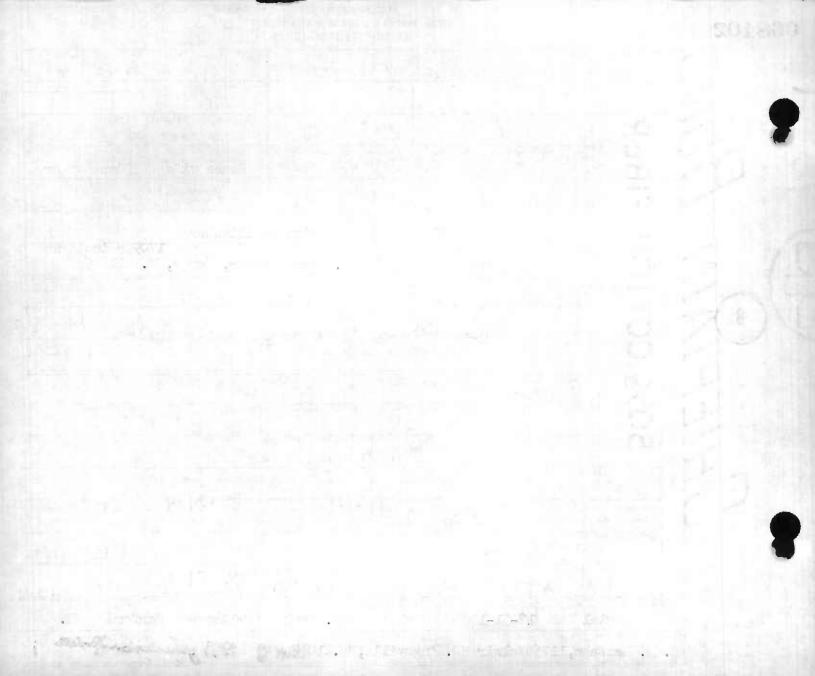
IMPORTANT: If frem 21 is marked or frem 18 shows ony

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. of Health

DHMH - 16 60M 7/84 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL H	YGIENE 👸 😂	3 4	3 3 0
		CEASED NAME VIRGI	NIA LOUIS	-	rmer	20. DATE OF DEATH	12-29-8	5 4 30 A.M
	3 SEX	Female	4 RACE W	5. DATE O	F BIRTH DAY YEAR 192		YRS.	DAYS HOURS MIN
5	7a BII	RTHPLACE (STATE OR FOREIGN COUNTRY) MARY AND	76 CITIZEN OF WHAT COUN $\mathcal{U}.S.$	MARRIED WIDOWE		9 BALTIMORE CITY C	ar ford	TH MD.
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	13a S	Md. HA	or other institution give residence NTY 130 CITY OF PRFORD 130	LTOWN	138 INSIDE CITY LIMITS? YES NO	1709 H	ZIP CODE Heims LAI	ve 21085
C		THER'S NAME Les	MIDDLE Bel	Ĺ	Daisy	Schillenberg		LAST
	()	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV		SECURITY NO. 26-003+	Mr. Glenn	Farmer, Jopa		ims Lane 085
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7	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CA	
	MEDICAL	776. SIGNAT	HOUR A.M. MONTH P.M. P.M.	rom the state of t	ATTENDING PHYSICIAN	CITY OR TO 12 on death occurred on the d MEDICAL STA DIRECTOR PHYSIC	lote and hour and from	offy STATE , that (I) (we) lost
		Burial REMOVAL SPECIFY) Burial	12-31-1985		METERY OR CREMATOR W Mem. Park	Fallston	Harford	Md. STATE

F. Lassahn, 11750Belair Rd. Kingsville, Md. 210



STATE OF MARYLAND 20 DATE OF DEATH 7h. HOUR 1985 December 4. AGE (IN YEARS LAST BIRTHDAY) 63 BALTIMORE CITY OR COUNTY OF DEATH Harford County. 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET School teacher Elementary Edu 3965 Old Federal Hill Road/21084 Mordica Edith Jarrettsville, MD J. Erich Ferg 3965 Old Federal Hill Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CITY OF TOWN

COUNTY

22c DATE SIGNED

6 December 1985

Paul M. Rivas, MD

274 PHYSICIAN'S NAME (TYPE OR PRINT

Burial

#\$@

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

ATTENDING

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

3421 Sweet Air Road, Phoenix, Md

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

27h EIGNAPURE

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Bel Air Memorial Gdns Bel Air Harford

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

John Harkins 600 Main Street Delta, PA 17314 DEC

MEDICAL

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					REG. NO.		
	CEASED NAME NAME NAME NAME NAME NAME NAME NAME	CELESTE		SCHUER	Decomber	3,19	85 957
	EMALE	4. RACE WHITE 76. CITIZEN OF WHAT COU	5 DATE O 10-	19° 1901	6 AGE (IN YEARS LAST BIRTHE 84	YRS.	DAYS HOURS M
L	COUNTRY) LLINOIS	USA	MARRIE	0.0	Harfor	d	
4	Aure de Grace	11. NAME OF HOSPITAL, (IF NOT IN SUCH ACILITY OF	Memoria	al Hospital	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W	VORKING LIFE) INDUS	ND OF BUSINESS STRY IOES
30	STATE 136 COUN HARE	ITY ITY CHY.C		136 INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAM	1319 OLD	ALLSTO	1247 ERD.
	ATHER'S NAME FIRST	F2	DRTT	AGNES	WIDDLE	McKeo	LAST WN
6a \	WAS DECEASED EVER IN U.S. ARI		-14-7892	BETTY J. S	AGA 1319 C	LD FALL	STON RI
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a)	ondice Die RESPIR	ATDRY FAIL		BETY	PROXIMATE INTERVAL WEEN ONSET AND DEA
		DUE TO OR AS A COL	NSEQUENCE OF	A-			220145
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A COI		(4) 73			
NO	gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A COI	nsequence of	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PA	R1 Tro
TIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A COI	NSEQUENCE OF	NOT RELATED TO THE TERM	TOO AUTOPSY? 12	TION GIVEN IN PA	INDINGS USED
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MEDICAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT C MULIPLE DEL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL SEAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL SEAMINER	DUE TO, OR AS A COL (c) ONDITIONS CONTRIBUTION 19b. CONDITION FOR	NSEQUENCE OF NG TO DEATH BUT THE NOTE OF	NOT RELATED TO THE TERM ITON. DET N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION	200 AUTOPSY? YES NO V ED (ENTER NATURE OF INJURY I	ROB. IF YES, WERE FIN CERTIFYING CA YES NITEM 18 PART LORPAL COUNTY	INDINGS USED USES OF DEATH? NO RT 2) TY STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

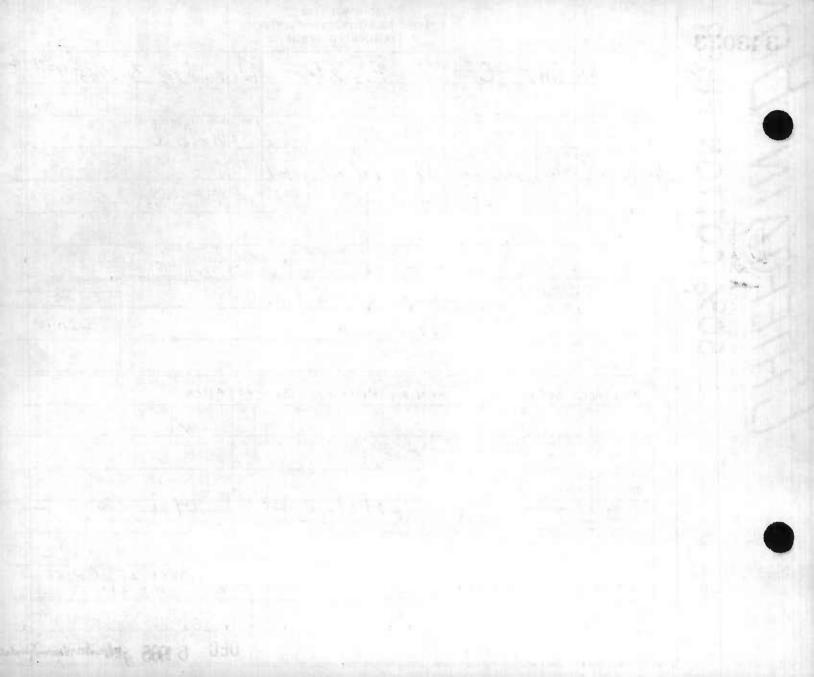
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McCOMAS III

TO HOSPITAL

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DIVISION OF VITAL RECORDS, 101 W. S CERTIFICATE SHOULD BE EXECUTED V STING THE WORD PENDING SEN EX SHOULD BE USED EX SHOULD BE USED PRIOR TO BURTAL, CREMINON, ORE PRIOR TO BURTAL, CREMIN		lying cause last.	der.		A PLO HA		Antony	DISEA	5	511		
Si H Simes	,	PART 2 OTHER SIGNIFICANT CONOI	IONS CONTRIBL	JTING TO OFATH BU	T NOT RELATED TO TH	E TERMINAL DISE	SE OR CONDITION GIVEN IN	PART 1 (a).				
WE AND BE	110	19a DATE OF OPERATION	1-+ -	1	TENSIO							
TAL HOUR CHIEF USE OF H	FICA	198. DATE OF OPERATION		1196. CONDITIO	ON FOR WHICH	SPERATION	WAS PERFORMED?				20. AUTOPSY?	/
OF VII. THE CITTE SELLE BE INTERECTED BE INTERECTED BE INTERECTED BUILTAIN	ERTI	21a EXTERNAL CAUSE WA	S	21b. TIME OF I	NJURY	216.1	IOW INJURY OCCUR	PED LENTER NATURE OF	IN HERY IN ITEM 18	PART 1 OR PART 2		NO M
ON OF IFICATI THE W TO TH HOULD NRTMER R TO BU	MEDICAL CERTIFICATION	UNDERLYING OR	OF DEATH	HOUR A.M.	MONTH DAY	YEAR	TO THE STATE OF COMME	(ED (EINER IN III)	WOOK! WITHOUT	TAKI TOKTAKI 2		
ISIO NG TO TO TO SHOOT IN SHOT IN SHOOT IN SHOOT IN SHOT IN SHOOT IN SHOOT IN SHOT IN SHOT IN SHOOT IN SHOOT IN SHOOT IN	EDIC	21d INJURY OCCURRED		21e. PLACE OF			DCATION					
DIV AIS CE ARDEI GE 3 VIE DI O1 PR	×	WHILE AT WORK AT WORK		STREET, FACTO	RY, FARM, ETC.)		STREET	CITY OR	IOWN	COUNT	4	STATE
E: THIS TE, WR DRWAR 8: PAGE		22s. I certify that I taak o	harae of the	e remain descr	ibed abave held	an Auta	psy , Inspect	an , Inqui	n	nd in my apini	an	
EXAMINE CERTIFICA ILD BE FO DIRECTON WITH THI			Natural caus		Accident	Suicide		Undetermined		in in opini		
EXAA CERTI ULD B DIRE WITH		1 0		1	. 1		TITLE (SPECIFY)					
A H O H H		SIGNATURE 9 00	vis_	MM	Lhu	/	A.D	MEDICAL EX	AMINER	SIGNED_	12.01-85	5 .
Q = 4 7 8 0	/	EXAMINER'S NAME C	ANE	1+ 0	LAZH							
TO ME EXECUT PAGE TO FUI	23e BI	(TYPE OR PRINT)		, 9		CEMETERY	ADDRESSOR CREMATORY	23d. LOCATION				=
066606	(SI	CREMATION		4/1985			CASKETS IN			YORK	PA	
019 9 DHMH 17		NERAL DIRECTOR		ADDRESS				REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S SIG	NATURE	
(VR A15 ME (5)) 15M 7/77	D.	AVID E. SMAL	471	HOOKEGO	ON AVE.	YORK,	PA. DEC	10 985	guliade	widow of	-	1
	-								No.			

ALM 10000 200 01000

in 24 hours ofter

executed with

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

FOR

STATE OF MARYLAND

HYGIENE

PAKIMI	IN	10	HEA	FILE	ANU	MENTAL	ц
	CE	RTI	FIC	ATE	OF	DEATH	

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.				: 30
	CEASED NAME FIRST Maj	cy Elizabe	th	Gorrell rell	20 DATE OF DEATH	12	23	YEAR 85	26 HOUR 9:35	
3. SE	X 4	RACE	5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UND	DATS	HOURS	4 HRS
	Female	White	March	2, 1891	94	YRS		DAIS	- CORS	WUN
	RTHPLACE (STATE OR FOREIGN 76 COUNTRY) urchville,Md.	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED 🔽	9. BALTIMORE CITY O Harford	_		EATH		MD.
		NAME OF HOSPITAL, NURSIN BELAIT CONVALES			120 USUAL OCCUPAT				vt. F	
13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE LIST COUNTY Harfor Harfor	_ IBC CITY OR TOWN	y	13d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 414 Calvar	/ ZIP COD	DE ad	21	028	
	ATHER'S NAME FIRST George Deve			15 MOTHER'S MAIDEN NAM FIRST Amanda	MIDDLE		М	arti	n	
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1FYES, GIVE W		RITY NO.	Kathryn G. Pa	age, 704 O]		opa	2 Road	1085 ,Jopp	a,M
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		FIC.	respirate	us and	at	F	BETWEEN	MATE INTERV ONSET AND D	PEATH
9	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	PEROF	ortein se	Arron-	-		70%		
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR A CONSEQUE	NCE OF	out relia	Tès condios	vasc. o	di	•		
NOI	PART 2. OTHER SIGNING ANT CON	NOTIONS CONTINUE TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION G	IVEN IN	PART 10	0,	
CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT			OF DEATH	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I O	R PART 2)		
MEDICAL	214 INJURY OCCURED WHILE NOT WHILE	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	OWN	CC	YINUC	51.	ATE

NDING PHYSICIAN: The

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

TO FUNERAL DIRECTOR. After this

marked or Item 18 shows ony

IMPORTANT: If Hem 21 is

230 BURIAL, CREMATION, REMOVAL 73b DATE (SPECIFY)

Burial

24 FUNERAL DIRECTOR

220.1 certify that (1) (this hospital) oftended the deceased from

sow the deceased alive of the body after death

.1985

THE NAME OF CEMETERY OR CREMATORY

23d LOCATION

. that (1) (we) lost

Churchville Calvary U.M.Cemetery

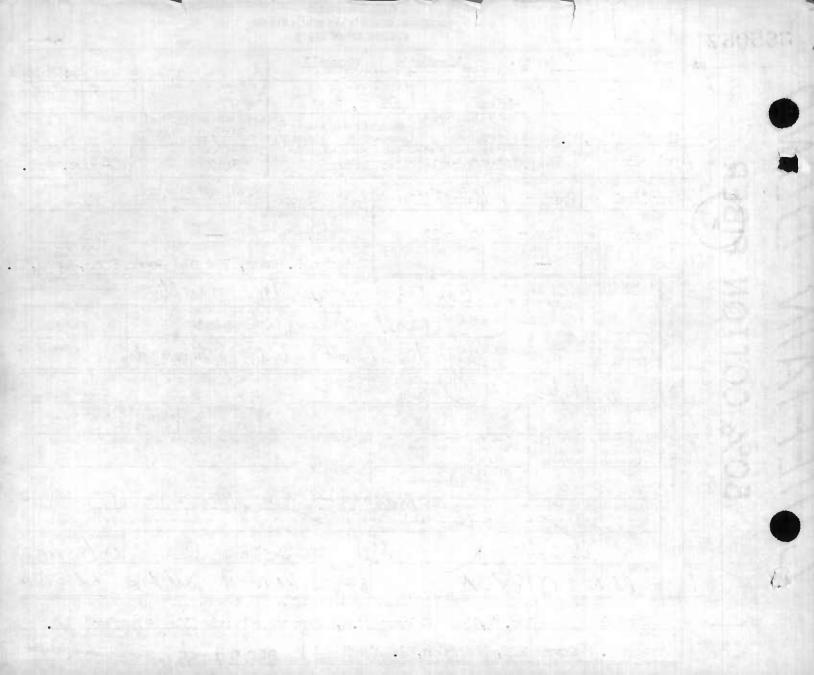
MEDICAL

Harford

Howard K. McComas III, Abingdon, Md. 21009

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(por) opinion death occurred on the date and hour and from the causes stated



352020	- STATE REGISTRA
002020	L DECEASED NA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TIFICATE OF DEATH	REG. NO).				•
las Grant	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
GRANT		12	14 8	85	17:31	UP.
TE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	1 YEAR	IF UNDER	24 H
ONTH DAY YEAR 3 15 25	60	YRS	MONTHS	DAYS	HOURS	M
*	9 BALTIMORE CITY OF	R COUNT	Y OF DE	ATH		

76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN Salt Lick, Ky.

Harford

FIRST William

4 RACE White

MARRIED NEVER MARRIED USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

5. DA

0

120 USUAL OCCUPATION Cml. Plant Opr.

12b. KIND OF BUSINESS OR Chemical

10. CITY OR TOWN OF DEATH Fallston

Delbert

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY 13c CITY OR TOWN

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

2103 Willoughby Beach Road

21040

Maryland 14 FATHER'S NAME

DECEASED NAME

Male

(TYPE OR PRINT

3. SEX

Howard

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a.

Grant

Fallston General Hospital

Edgewood

Howard

Alice 17 INFORMANT

Reffitt Edgewood, Md. 21040

YES NO OR UNKNOWN Yes

(IF YES, GIVE WAR OR DATES) WWII

16b SOCIAL SECURITY NO 234-34-3120

NO X

Mrs. Helen M. Grant, 2503 Willoughby Beach Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause

mone

AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED
Nine	More	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	21f LOCATION STREET

	YES N
TE HOW INJURY OCCURRE	D (ENTER NATUR
10 /	

IN CERTIFYING CAUSES OF DEATH? NO [OF INJURY IN ITEM 18 PART I OR PART 2

706 IF YES. WERE FINDINGS USED

22e ADDRESS

CITY OR TOWN COUNTY

20a AUTOPSY?

Harford

saw the deceased alive on 12/12/85 above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from.

ATTENDING PHYSICIAN

Mt. Zion Methodist Cemetery,

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

STATE

230 BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

DEGREE

Md.

24 FUNERAL DIRECTOR

NO NO

MEDICAL

Dec.17,1985

23b. DATE

Howard K. McComas III, Abingdon, Md. 21009

(VRA 15, 4)

DHMH - 16 60M 7/84

352029

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFICATE OF DEATH REG. NO.									
	I. DECEASED NAME FIRST			MIDDLE LAST			20 DATE OF DEATH MONTH DAY YEAR			26 HOU	R		
4	John			F. Hahn Sr.		Sr.	December	1985	85 M				
	3. SEX	3. SEX					OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER	24 HRS	
	Male			White		Mar	ch 21, 1910	75	YRS	MONTHS DATS	HOOKS	M(N.	
70 BIRTHPLACE STATE OR FOREIGN COUNTRY)			IGN	1 HGA			ED NEVER MARRIED DIVORCED	BALTIMORE CITY O	TY OF DEATH	OF DEATH MD.			
CITY OR TOWN OF DEATH Edgewood				11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 323 Crestwood Court				120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Mechanic					
7	TAL RESIDENCE (IF NURSING HOME		HOME OR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADJUNTY 13¢ CITY OR TOWN Baltimore		TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 4006 Wilke Avenue 21206			7		
6	FATHER'S NAME FIRST Frederick			P. Hahn Is MOTHER'S MAIDEN NA				Edna Rothrock					
2	(YES, NO OR UNKNOWN) (IF YES, GIVE WA			MED FORCES?	VAR OR DATES)				ADDRESS Edgewood, Md. Hahn Jr. 323 Wilke Ave.				
	P	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Generalized Carcino wintosis (Pros Att 17 - DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-											
	CERTIFICATION 180	190 DATE OF OPERATION		19b. CONDITION FOR WHICH (ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	OF DEAT	TH?	
						DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	W.	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE C			EET, FACTORY, OFFICE, FARM, EIC) STREET			CITY OR TOWN COUNTY STATE					
	22	270. I certify that (I) (this hospital) attended the deceased from 19 19 10 12/17/18 saw the deceased alive as 12/17/18 19 19 on that in (my) (aur) apinion death occurred on the date and hour above, (I) (we) (did (did not) view the body after death. 77b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									that (1) (v		
										??c. DATE	SIGNED		
		22d PHYSICIAN'S NAME (1796 ORPRINT) Raymondo Magro MD. 22e Address 7811 Wise Ave. Dundalk, Maryl.							yland				
	I SPE	ial, cremation, rea Burial	MOVAL	Dec. 15	,1985	Steven	Sville	23d LOCATION CITY OF TOWN Stevensy	ville	Kent I	/ld .	TATE	
		ERAL DIRECTOR Leonard J.	Ruc	k Inc.	Baltim	ore, Ma	ryland UEC	1 6 1985 TRAP	25b REGA	A PARAMETER	HELER		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18

TO HOSPITAL OR ATTENDING PHYSICIAN; The lo-etained by the hospital or attending physician.

TO HOSPITAL

(VRA 15, 4)

John S. mint eugen en march 21, 1910 de la semble Signature of the Court of the C dillore : cold dide pental Plant nne de pérsoners . ist , boompage. Selp-09-5981A Mr. com . acts dr. jej valde kyn.

backyra , machan . www. ong. hom . Da ou gu diction al

. Dis Junia billyanevari sec. to they dievermenting Makey bearing and the good of the second

LOCALIDA . LUCA ELICOTE, LOCALIDADE

346136

- STATE

REGISTRAR

9 BALTIMORE CITY OR COUNTY OF DEATH County (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife 21057 13e.STREET ADDRESS / ZIP CODE Box 11758 Harford Road Webster Md. 21057 Frederick K. Handley Box 11758 Harford Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Large Cell CALLING WM RECURRENCE WHILLIAM COPP. Chr. Bronchills Bonnichama PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE CITY OR TOWN and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1908 HARFORD, RD, FALLSTON, MD-21047 COUNTY 1985 Burial Moreland Memorial Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 DEC Leonard J. Ruck, Inc. Baltimore, Maryland in will door mandall (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

E UNDER 24 HRS

IF LINDER 1 YEAR

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The second secon

21037 21037 21037 21037 Toxal Clumbia St. Tox 11756 Hardone

The second secon

William Art. 1997 Statement of Art. 1998 Art. 21057

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361019

STATE OF MARYLAND

EP	ARTM	LENT	OF	HEA	LTH	AND	MENTAL	HYGI
		CEL	TI	EIC	ATE	OF	DEATH	

- STATE REGISTRAR REG. NO 2g. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME TYPE OR PRINT! 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 1899 WHITE JULY MALE BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY NEW YORK DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY ITYPE OF WORK FOR MOST OF WORKING LIFE (RET) INSTRUCTOR FEO. GOVT (APG) USUAL RESIDENCE INNURSING HOME OR OTH GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13e STREET ADDRESS / ZIP CODE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? HARFORD DARLINGTON P.O. BOX 32 21034 NO X MD. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST FIRST MIDDLE MIDDLE FIRST REEVES HARDY CARRIE WILLIAM ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NEIL HAROY 2 WOODS GROVE DR., WEST PORT CONN. 06880 074 05 9592 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES | 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

DEGREE

obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from

MEDICAL ATTENDING PHYSICIAN 22e ADDRESS

DIRECTOR PHYSICIAN

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

CREMATION

24 FUNERAL DIRECTOR

saw the deceased alive on

Plunkett JR

22DECEMBER85

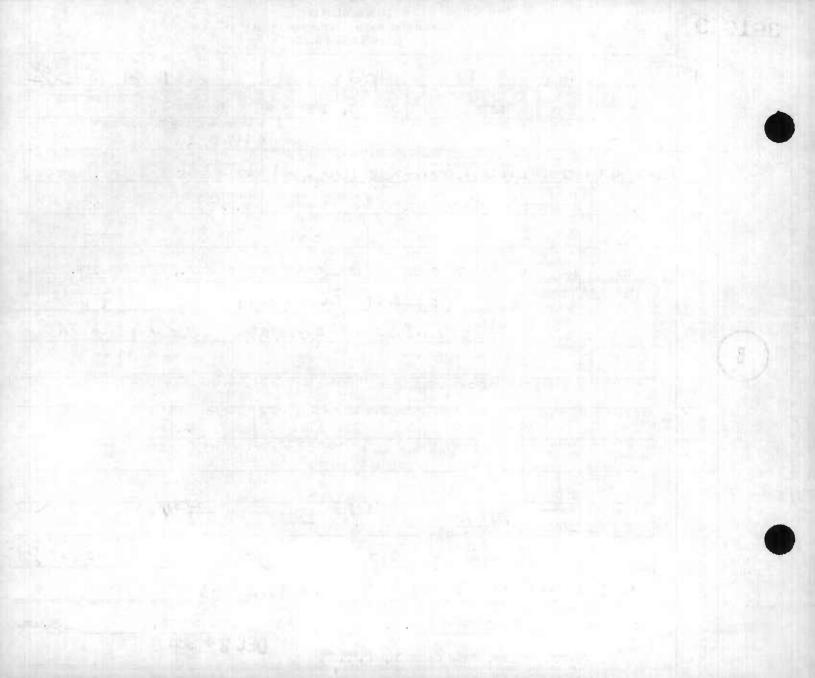
23c NAME OF CEMETERY OR CREMATORY R. A. FERRIA & COMPANY

WEST CHESTER,

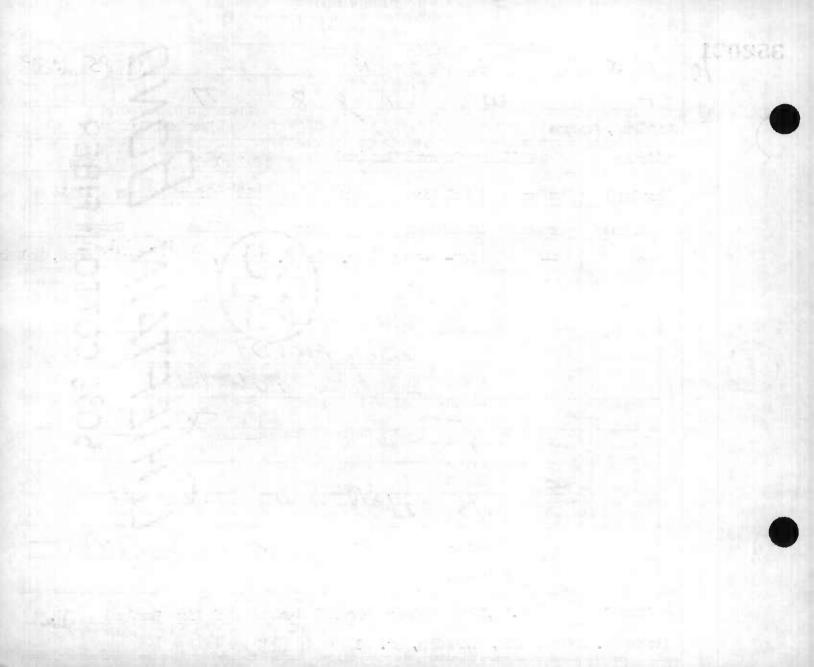
and that in (my) too) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 60M 7/84

(VRA 15, 4) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 NASE REGISTRAR'S SIGNATURE



STATE OF MARYLAND



- STATE REGISTRAR I. DECEASED NAME

[TYPE OR PRINT]

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.					
20 DATE OF DEATH MONTH	H DAY	YEAR	2b HO	JR 10 /	
 6 AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER) YEAR	IF UNDER 24 HRS		
7.0	MONIH	S DAYS	HOURS	MIN	

SEX	4 RACE				
2 MALE	White				
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?				
Md.	U.S.A.				

YEAR MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Harford County

LITY OR TOWN OF DEATH Fallston

OF HOSPITAL, NURSING HOME

MICHAEL

Calvert School Printer 13e STREET ADDRESS / ZIP CODE

Md. A FATHER'S NAME

13a STATE

Baltimore

Kingsville

NO X 15 MOTHER'S MAIDEN NAME

Cecilia

12003 Cedar Lane 21087

James

Hogan 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

yes

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10

213-03-3957

same address Katherine Hogan (wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

11YPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION

MEDICAL

ă

21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH

NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

200 AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES |

206. IF YES, WERE FINDINGS USED

Hoffman

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

DAY YEAR P.M 21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC 1

211. LOCATION

CITY OF TOWN COUNTY

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_

23a. BURIAL, CREMATION, REMOVAL

_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on ______obove, (I) (we) (did) (did not view the body after death 22h SIGNATURE

ATTENDING PHYSICIAN TI DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

ld b

Burial ^{24 FUNERAL DISCH STEM STATE OF THE PROPERTY O}

12/9/85

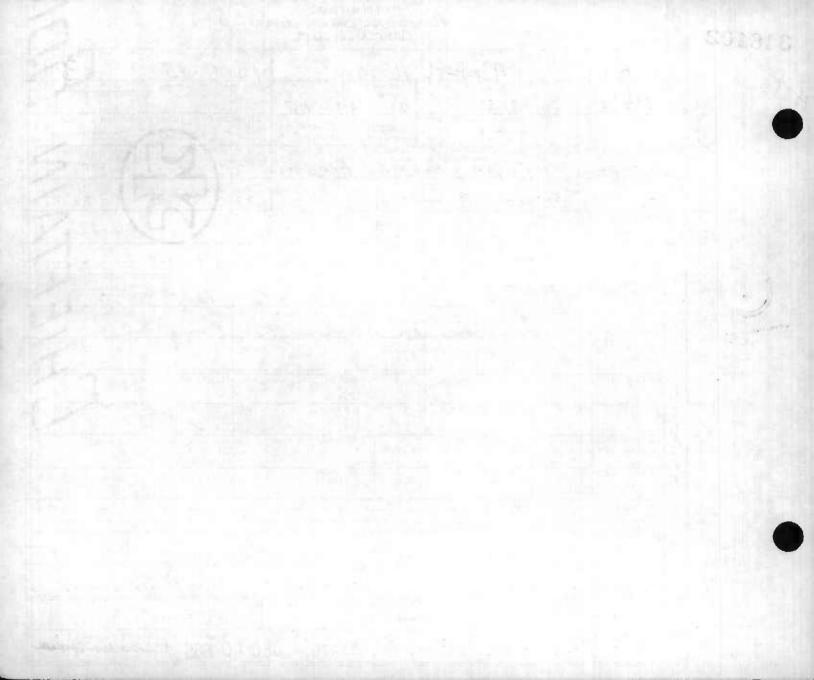
Parkwood

Baltimore

Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE na voavidson

STATE



STATE OF MARYLAND

Contract become surprise the BEALE was presented as a first of

003027	FOR STATE		D			AND MENTAL H		ت	3 4	0 0	
470 (170 Mar	REGISTRAR		WEL	ICAL EXAMIN				REG. NO			
	1. DECEASED NA (TYPE OR PRINT)	ME FIRST		WIDDLE		LAST	2a DATI	KNOWN X	X MONTH DA		6 HOUR
ES. P. E. F.		Andrew		J.	Homz	za		H MATED	12-28	19 85	M
ランニ ウェ で こう	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YE LAST BIRTHE	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DA		MONTH DA	AY YEAR	2d HOUR 2:35
N 22 R	Male	White	Oct. 9.	1915-70 v	1410141	DAYS HOURS	DE		12-28	19 85	p. M
N 3 3 5 € 15 / 2	70 BIRTHPLACE	(STATE OR	76. CITIZEN OF WH		8 MARRI	ED NEVER MARR	9. BALT	MORE CITY C	R COUNTY O		
CHETESARY PLEASE HUNEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	Penna Penna		U.S.A		WIDOW	9.7		ford C	ounty		
NEWS TO	II. CITY OR TOW		11. NAME OF HOSE	PITAL, NURSING HOM			120. USUAL OCC	UPATION (TYP	ODWART 12h)	KIND OF BUSI	INESS
SHAES OF	Harvo I	De Grace/		Memorial	Hoeni	i+al	Motor	Vehic:	le S	tate	of
BOX NO.			OR OTHER INSTITUTION, GIV	E RESIDENCE REFORE ADMISS	(NO)			-	ectbr	2000	17
2120 ANND ANND SHITA	N.J.	Ess	Y Y	Caldwel	1	YES A NO T	130. STREET ADD	e Driv	TO 05	006	9
2 7 2 2	II FATHER'S NA		5A	Toaldwel		15 MOTHER'S MAIDE		e DII.	ve or	000 - /	
.MD.	FIRST		MIDDLE	LAST		FIRST	EN NAME	MIDDLE		LAST	
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STATE OF MARYLAND

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Lassahn, 11750Belair Rd. Kingsville, Md. 2108

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(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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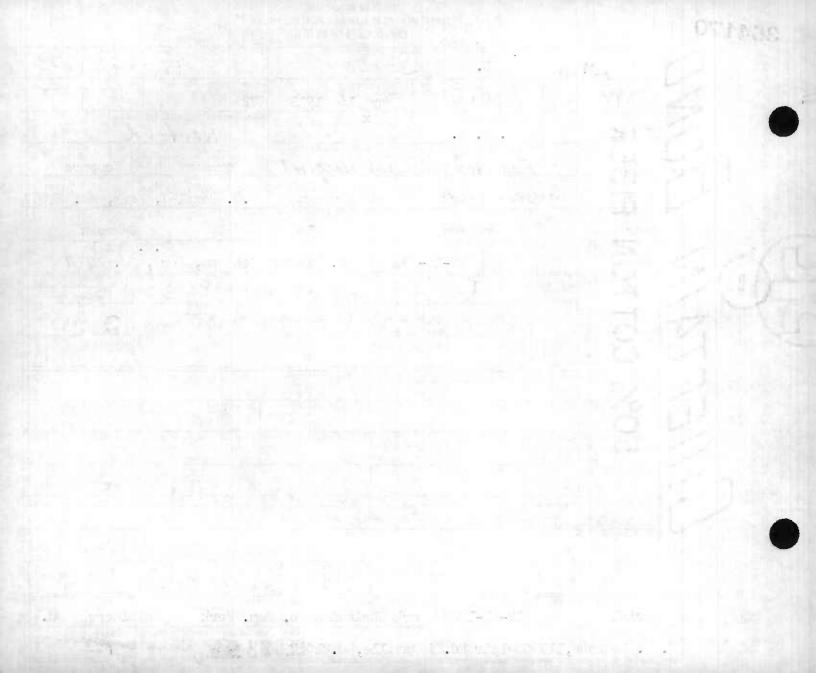
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

Harford

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2n DATE OF DEATH 7h HOUR TYPE OF PRINTS 30 JANRES TWNIS 1. 5FX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS MONTH YEAR DAY 19 66 A BIRTHPLACE IN AND OFFICE CIN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTER Alabama WIDOWED DIVORCED T CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife RESIDENCE BEFORE ADMISSIONS 13h COUNTY 13e.STREET ADDRESS / ZIP CODE LE CITY OR TOWN 13d INSIDE CITY LIMITS? ONDWINGO NOF N. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Archie Lockhart Bettv Golden ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LITES, NICH OR UNKNOWN OF 151 Glid WAR DECATES! No Letisha Shelton 3315 Utah Ave Dallas Tx IE CAUSE OF DEATH Enter only one course per line for ips, (b), and PART I DEATH WAS CAUSED BY MANEDIATE CAUSE IO Conditions, if any, which gave rise to immediate cause to: stating the DUE TO, OR AS A CONSEQUENCE OF underlying course lost PART 2 OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 19a DATE OF OFERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 71e ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? OR CONTRIBUTING TO CAUSE IN THE STH HOUR A.M. MONTH DAY YEAR CHENNER NOTIFICMEDICALEXAMPLEY THE INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOY STATE (AT HOME STREET FACTORY, OFFICE, FARM-ETCT) 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 12-30 abave, (I) (we) (did) (did not) view the bady after/death. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING C MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 73m BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 238 LOCATION

Harford Mem. Garden

Aldina

250. DAJE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE A DEC

DHMH - 16 60M 7 84

d b 087

Burial

24 FUNERAL DIRECTOR

L=11-86

Arnold Beard 353 Fountain St. Havre de Grace.

(VRA 15, 4)

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	A SE		Richard		L.	Jone		Lucy		Α.		Montoro	
	MI MANAGED IN		ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SI		17. INFORMANT		ADDRES	S Darli	ngton,	MD
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	(VR A15 ME (5))		John Ha	rkins 60	0 Main S	treet Del	ta, PA	17314	EO SIN	gulurdo	migm-e	andell.	ži.

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS December 10, 1985 DONALD H. KENNEDY 4 RACE AGE LINYEARS LAST BIRTHDAY IF UNDER I YEAR 3. SFX 5 DATE OF BIRTH 1936 Male Feb. White 10. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland Harford County. WIDOWED (X) DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Whiteford 2245 Whiteford Road Custodian SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 30 STATE 30 STATE 30 STREET ADDRESS / ZIP CODE 2245 Whiteford Road/21160 13d. INSIDE CITY LIMITS? Harford Whiteford Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mildred Philip Kennedy Harman 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Mildred H. Kennedy 2245 Whiteford Road/21160 218-32-6994 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from_

Herbert Martello. MD

HYS CIAN'S NAME TYPE OF PRINT

John Harkins 600 Main Street Delta, PA 17314

ATTENDING

Whiteford Road Whiteford, MD

21160

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIEVE Burial

23c NAME OF CEMETERY OR CREMATORY

Slate Ridge Cemetery Peachbottom Twp. York, PA

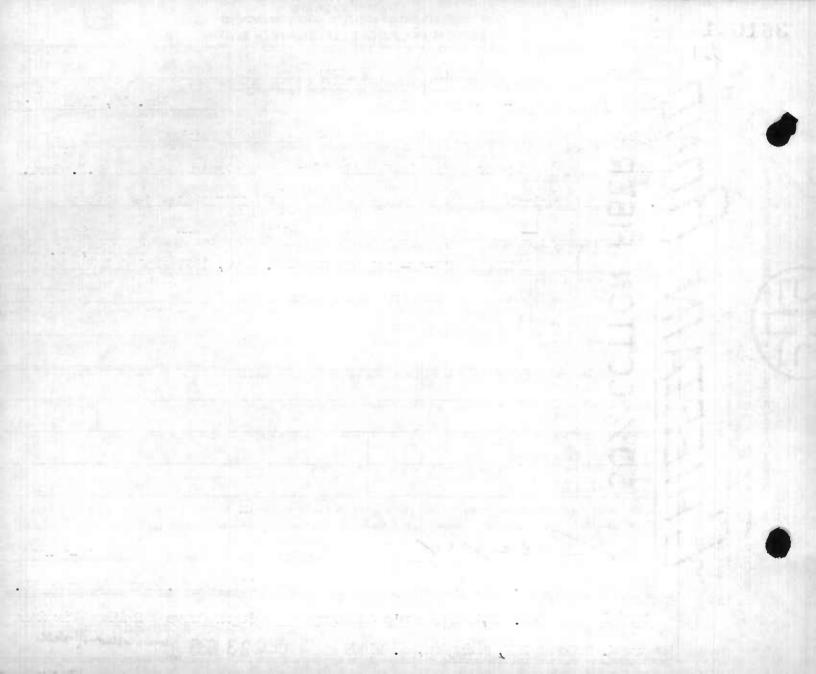
24 FUNERAL DIRECTOR

., and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

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14.	. FAT	HER'S NAME			MIDDLE			LAST	11-1	15.	MOTHE	R'S MAIDI	EN NAME		MIDDLE			LAST	1	
		Roy						eyes				allie	9					Rich	1	
160	(YES	AS DECEASED	EVER	IN U.S. ARM			16b. SO	CIAL SECU	RITY NO.		INFORM				ADDR	Abe	rdee	en, M	d.	2100
		Yes			WWI	I	216-	-16-61	L41_	E	mes	t W.	Keys	, 13:	27 P	nila	delp	hia	Bly	<i>r</i> d
		18 CAUSE OF	DEAT	H (Enter anl	y one co	use per lin	e far (a), (b	o), and (c).)										APPRO	ONSET	INTERVAL AND DEATH
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1		gave rise	e ta	immediate)	(b)		SCV												
10		lying caus		the <u>under</u> -) 0	UE TO, OF	RASACO	NSEQUENC	CE OF											
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2		PART 2 OTHER SIG	NIFICAN	T CONDITIONS C	ONTRIBUTI	NG TO BEATH	BUT NOT REL	ATEO TO THE T	ERMINAL DI	SEASE OR	CONDITION	GIVEN IN PA	RT 1 to							
1 5	CERTIFICATION	19e. DATE OF	OPERA	ATION	11	9b. COND	ITION FOR	WHICH OI	PERATION	V WAS F	PERFORA	AED?						20 AUTO	DPSV2	
1 5	=				- 11															C
1 3	¥ .	210 EXTERNAL	CAU	SE WAS		Ib. TIME O			21	. HOW	INJURY (OCCURRE	D (ENTERI	NATURE OF IN	JURY IN ITE	M 18 PART	I OR PART	YES		NO 🗌
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3		WHILE AT WORK	NOT AT W	WHILE		STREET, FAC	TORY, FARM,	ETC.)		STREET				CITY OR TO	WN.		COUN	TY		STATE
		A. 1. O	01.44	OKK	. ()		1 1 1				7							4	- 1	
1		death resulted		took charge						tapsy [,	Inspectio		Inquiry		and in	my apın	ian		
		aeain resulte	a tram	Nature	al causes	الما,	Accident	<u>.</u>	Suicide	ш,	Homici	1	Undet	ermined m	onner _	١.				
		ACTUAL	/	1	1	1	4				title (SP Depu						DATE	12-1	0_0) E
7	1					W.				_ M.D	Legu	<u>V</u>	MED	ICAL EXAM	AINER		SIGNED.	12-1	J-0).)
736	E	XAMINER'S N	IAME	Luis	E.	Renje	1			ADD	RESS_	464	Allia	ince :	St. I	Tavr	e de	Gra	ce	MD.
230		RIAL, CREMAT						NAME OF	CEMETER					CATION		AND V.				
	SPE	Burial		be	ec.	22.19		lemp's					CITY	or town	ove	Sm	ith	Vi	rai	nia
	FUN	VERAL DIRECT										So. DATE		REGISTRA	AR 79 5	EGISTA.	ARE SIG	NAME	L-00	A
H	IOW	ard K.	Mc	Comas	III	, Abi	ngdor	n,Md.	2100	9		DEC	23	1985	die	ST HAT	uldaen*	-almis	-	
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Settle b was Bookpart a loo. 1 . his . here the lead of the country in the land of th The disoner Justs - Jarrettaville, pd. de light the Alexander tite DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
1		CEASED NAME FIRST		MIDDLE	1/	LAST	2a. DATE OF DEATH	MONTH DAY YE	AR 2b HOU	JR .
FI		Peter	J.			instant	December	2, 1985	- 95	M
	3 SEX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER	MIN.
		Male	White	5.00000		ch 30,1929	56	YRS		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D X NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	Н	
1	_	eece	U.S.A		WIDOWE		Hartoro			MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINE	ESSOR
0	Hn	uve de Grace	Harf	vd mer	nones	1	Motel Owner		ivate	
1	U5UA	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZID CODE		
15	1133	ryland Harf		Aberdee		YES NO K	1109 S. Ph		/21001	
		THER'S NAME				15 MOTHER'S MAIDEN NAM		ria.biva.	21001	
1	100	FIRST Do	MIDDLE	Vanat	ont	Kalliroi	MIDDLE	Candana	LAST	
1	Inc. V	James Per VAS DECEASED EVER IN U.S. AI	ter	Konsta		17 INFORMANT	ADDRE	Coudour	IS	_
1		(IF YES, GI	orea	218-28-3		Euginia Konsta	ant 1100 S	Phila Blv	2,21001	doon
						Luginia konsta	110,1109 5.1		PROXIMATE INTER	
		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSE		Cand	101	arrost	at The	ame	VEEN ONSET AND	DEATH
		IMMEDIA	TE CAUSE (a)	and w		WILLOW	1 1			
			DUE TO, O	R AS CONSEOU	ENCE OF	dial in	Liste	20		
		Conditions, if any, which gove rise to immediate	(b)_	1000	Cor	and May	areno	71		
		couse (a), stating the underlying couse lost	DUE TO, O	R AS MONSTON	BNCE OF	1)				
	63	BART 2 OTHER SIGNIFICANT	(c)	///	DC AVII DUIT	NOT BELLIED TO THE TENAN			07.1	
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	DAIKIRUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONL	DITION GIVEN IN PA	KI Ira	
7	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS LISE	D
4	FIC					TO TEN OWNED		IN CERTIFYING CA	USES OF DEAT	TH?
1	ERT	21a. ACCIDENT WAS UNDERLYING	7 216 TIME O	E IN HIPY		214 HOW INJURY OCCURRI	YES NO	YES 🗌	NO [
0		OR CONTRIBUTING CAUSE OF DE		M. MONTH D.	AY YEAR	THE HOW MAJOR! OCCORRI	ED (ENTER NATURE OF INJUR	Y IN HEM 18 PART TORPA	(1 2)	
7	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
1	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET FACTORY OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN COUN	IY	STATE
		AT WORK AT WORK				00	12-	1		
		22a I certify that (I) (this hasp	1 1	e deceased from_	0	190 3		19	that (I) (we) last
		saw the deceased alive or above, (1) (w/r) (did) (did no	ot) view the body	ofter death	97.0	nd that in (my) (our) opinion d	eath accurred on the do	te and hour and from	n the couses sto	oted
		22b. SIGNATURE	0/	/		DEGREE			DATE SIGNED	
1		toun	COL 6	IN		ATTENDING PHYSICIAN	MEDICAL STAF		2/2/0	0
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	. /)	22e ADDRESS	0 3		1 / 4	4
		NO L	NIN	Yun		Main	e de y	race)	nel	9-6
		URIAL, CREMATION, REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	I. UTIVIA		STATE
	1	Burial	Dec.5,	1985 H	arfor	d Mem. Gdns.		Harford, M	arylan	d
	24 FU	INERAL DIRECTOR				25a DATE	REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

(VRA 15, 4)

Farring Funeral Home, P.A., Aberdeen, MD, 21001-3399

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

should be detoched for use as the burial-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

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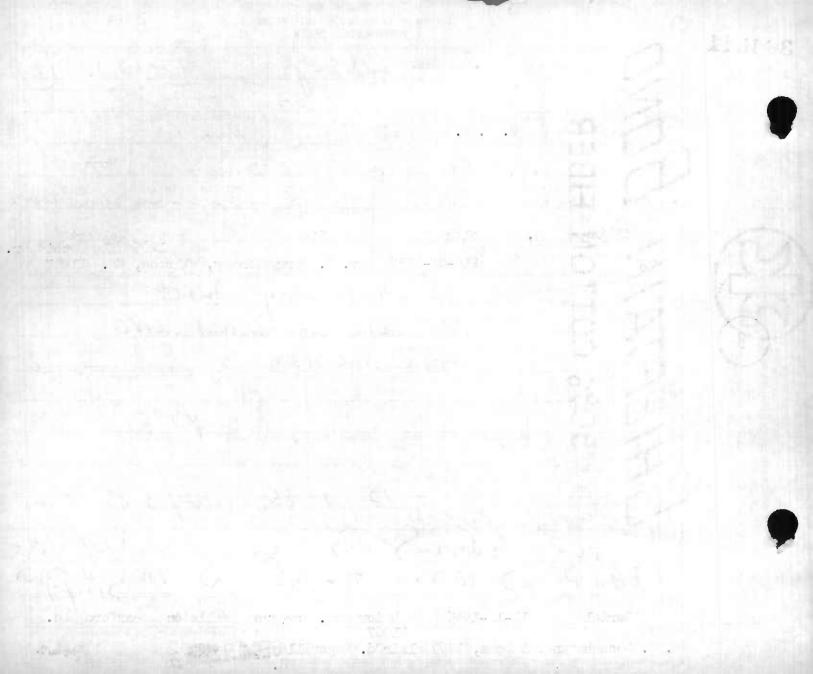
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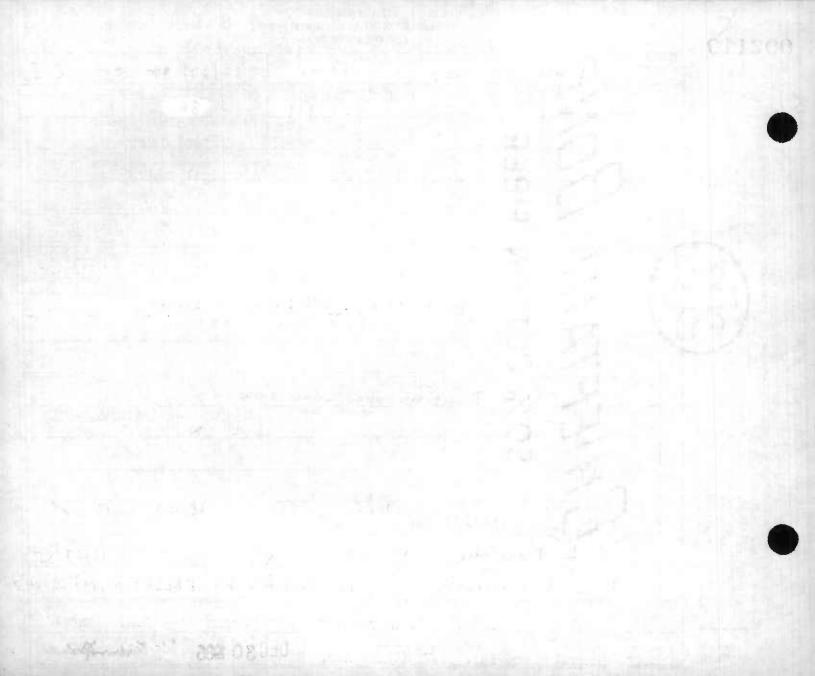
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STATE OF MARYLAND



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002110	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND A	MENTAL HYGI	ENE 8 5	3	4 3	1 3
() () (4) .M. 24. 0	I DECEASED NAME	FIRST	,	MIDDLE	·	A51		20 DATE OF DEATH	MONTH D	AY YEAR 2b	HOUR
ge 3	(THE ORPHINI)	JOHN	. They	WEBSTER	I	OWEKAM	P	12/27/	87	85	8 AM
V 60 64	J. SEX	27	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BE	RTHDAY)		UNDER 24 HRS
0 1100	MALE	Table 1		WHITE	11	19	1899	86	YRS		uns min.
1 2 00	To BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	X NEVER A	AARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
110	Maryland		U.S.A		WIDOWE		VORCED	Harfor	d Coun	ty	MD.
(i) 17	10 CITY OR TOWN OF	DEATH		HOSPITAL, NURS IN		R OTHER INST	ITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE	126. KIND OF BU	SINESS OR
0 4 11/1/	Joppa			inding V	alley	Drive		Electrical			Emp
1 1 1 1 1 1 1 1	USUAL RESIDENCE (#)	NURSING HOME OR		GIVE RESIDENCE BEFOR		13d INSIDE C	ITY EIMITS?	13e STREET ADDRESS	/ ZIP CODE		
B 2 31 100	Maryland	Harf	ford	Joppa		YES 🗌	NO 🔀	1320 Wind		lley Dr.	21085
1 18/0//	14. FATHER'S NAME		MIDDLE	LAST	No or		MAIDEN NAM	NE MIDDLE		LAST	
# 17/KU	Harry		MIDDEL	Lowek	amp		mma	MIDDEE		Janow	itz
# 2 37	160 WAS DECEASED E			166 SOCIAL SECT		17 INFORMA	NT	ADDR	ESS		085
IMO Pog	NO OR UNKNOWN	(IF YES GIV:	E WAR OR DATES)	218-14-	3016	Idabe	lle Low	ekamp 1320	Windi		
ALT ore b pers.		EATH (Enter on	ly ane cause per	line far (a), (b), ar						APPROXIMATE BETWEEN ONSE	
that the death certifications of the other certification of the other carbons of cremotion, or remains of the other traumatic events.	Conditions, if a gove rise to couse (a), st	IMMEDIAT	DUE TO, OI	R AS A CONSEOU	S TO THE		NCEK		ver.		
uires ugne en pl		IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT			NAL DISEASE OR CON	DITION GIVE	N IN PART 1 a	12: 11:
RECORDS,	<u> </u>	COP	1) - (7 1				pine			
REC low	NO TAN THE STATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS ING CAUSES OF I	USED DEATH?
TAL The Cron Isit p	TX.		2 24 2445 0	5 15 1 11 15 17		In how a		YES NO	YES		10 🗆
DIVISION OF VITAL NG PHYSICIAN The attending physicio fifer this certificate bos the buriol-fransit final former fransit	OR CONTRACTOR	CAUSE OF DEA		M. MONTH D	AY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RI I OR PART 2)	
YSIC ding s cer	(IF EITHER NOTIFY)		21e PLACE (19	211 LOCATIO)N				
VISIC The H	- ANDRE 140	I WHILE WORK	(AT HOME, STR	PEET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TO	NWO	COUNTY	STATE
Or			tal) attended the	e Neceosed from	10	2	1985	to 10	107/1	0 8 57 that	Way last
A TIEN hospital RECTOR RECTOR Ted for up Hebring Fpl. of Hem 21 is	saw the dec	eased alive an.	1.0	1271 198	. ar	d that in (Pry)	(aur) apinion d	eath occurred on the d	ate and hour	and fram the caus	es stated
	276 SIGNATURE	1. 1	Rivoli	1'	MD.	PA A	TTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIGN	
TO HOSPITAL retained by th TO FUNERAL should be deter with the Store	22d. PHYSICIAN'S	NAME (TYPE O	TROVOL	IDIS		21 12				on, nd.	
of Show with the short of the s	23a BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			
ВР	(SPECIFY)	rial	12/30				emetery	Jessup	A.	A. Mar	yland
DHMH - 16 60M 7/84	24 FUNERAL DIRECTO		1 22/00		212		25a DALE	REC'D. BY REGISTRAR	25 REGISTR	AR'S SIGNATURE	Garage Service
(VRA 15, 4)	Hubbard Fu	neral H	Home, Ir	nc. 4107			DE	30 1985	Ma	vidon Mand	lett.



STATE	OF N	ARYL	AND

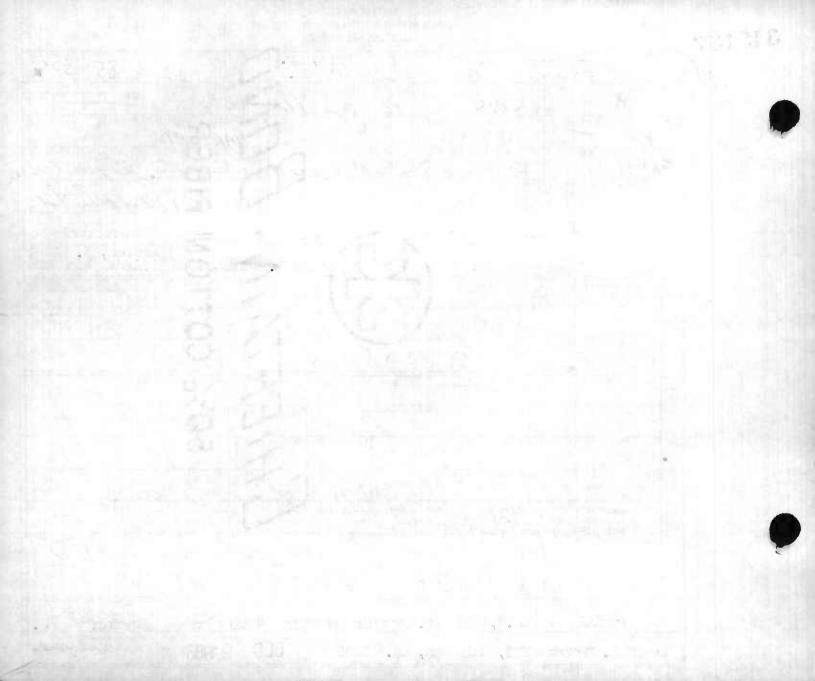
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To pool		L LAK!	rank ohn	ohn S. DATE C		20. DATE OF DEA	12 6 ST BIRTHDAY) H	FUNDER I YEAR IF	HOUR 50 AM UNDER 24 HRS
10)16		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	JUNTRY2 8	22/6 Divever Married	9 BALTIMORE CI	YRS. TY OR COUNTY O		MD
11 82	F	TY OR TOWN OF DEATH ALLS TON AL RESIDENCE 115 NURSING HOME O	FALSTU,	L, NURSING HOME OF	ROTHER INSTITUTION	12a USUAL OCCU (TYPE OF WORK FOR N Punch Pres	OST OF WORKING LIFE)	12b. KIND OF BI INDUSTRY LESTERA	usiness or J Elect
2 should be	130. 3	THER'S NAME FIRST	KFOKO AB	ORTOWN	136 INSIDE CITY LIMITS? YES NO STATEMENTS MAIDEN NO	13e STREET ADDR	el Pulo	deffice	1001
ond comple		John // VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (1F YES, G		Lucas HAL SECURITY NO. 1439 59	Anna 17 INFORMANT Catherine A	1		(unknown) leen,Md. adelphia	
the ottending physicia e remave carbonoppers: cremation, ar removal. her traumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for t	phseouence of	malnut.	failure ritron	269470	APPROXIMATI BETWEEN ONS!	eTinterval Tand Death
been signed by mit. Then please prior to buriol, cr any injury, ar ath	ATION	PART 2 OTHER SIGNIFICANT		TING TO DEATH BUT		. 00 00	CONDITION GIVE	N IN PART 1:0	SUSED
this certificate hos the burial-transit permand Mental Hygiene ped or them 18 shows a	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE	EATH	NTH DAY YEAR	21t. HOW INJURY OCCUI	YES NO	YES YES		DEATH?
AL DIRECTOR After observed for use as obtached for use as obtached for use as of the obtached Ti. If them 21 is mark		22a I certify that (I) (this haspital the deceased alive a above, it is a sub-laid and a state of the sub-laid and the sub-la		19 5, or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	-	-
should be det with the Store IMPORTANT:		DURIAL, CREMATION, REMOVA	1 R Am	23¢ NAME OF C	220 ADDRESS 2 2 EMETERY OR CREMATORY	Bulent ROM	Falls	iton M	2/04
<u> </u>		Burial JNERAL DIRECTOR	Dec.9,1985	\$t. Fran	cis Cemetery	Abingdo		arford AR'S SIGNATURE	Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

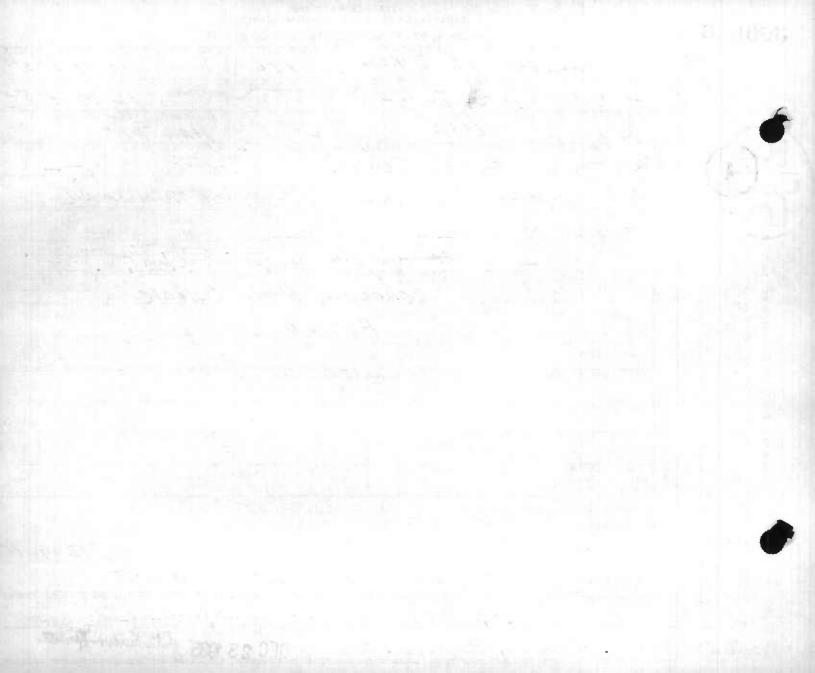
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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U	0000		REGISTRAR	5.055 TI		EDICAL EX					REG.			
	TA		CR PRINT)	PIKSI E.	Iora	MIDDLE VI	Viola		ucree	. 0		MONTH	DAY YEAR	2b, HOUR
	ASSE 1			2000		tora	000	100	cree	DEA	TH MATED	12	1919 0	3 am
	515 E SE	3. SEX	1	RACE	5. DATE OF BIRT	H YEAR 6.	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	R. IF UNDER		ATE DUNCED	MONTH	DAY YEAR	2d. HOUR
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-	SELEN CA	7a. BIF	RTHPLACE (STA	TE OR	76 CITIZEN OF	WHAT COUNTR	Y? 8 A	AARRIED	NEVER MARRI	P. BAL	TIMORE CITY	OR COUNT	Y OF DEATH	
	SAS EN	10.	744		6	SA		DOWED A	DIVORCE	/	FARF	-0 P1		MD.
/Alice	FER IN	10. CI	Y OR TOWN O	F DEATH	11. NAME OF H	OSPITAL, NURS	ING HOME, OF	OTHER INSTI	TUTION	12a. USUAL OC	CUPATION (TYPE OF WORK	12b KIND OF B	USINESS
	(SEATED	F	-ally+	ou	Fee	11-1 ters	Gene	ral		House	working life)		OK INDUS	IKT
=	(mg/g/			F IN NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEI	E ADMISSIONI						21085	
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9	# NO.	14. FA	THER'S NAME	1 2			1-1-		HER'S MAIDE	- 16		,,,		
2	ESE BES		Frede	erick W	illiam	Burnham			innie		MIDDLE	_	LAST	
90	SE SE SE	16a. W		EVER IN U.S. ARA			L SECURITY NO). 17. INFO	PRMANJOYO	I ^V .	ay xton	6.6	oor	
LTM	GIVE GIVE ITH PO PAGES IVISIO	No.	S, NO, OR UNKNOW		WAR OR DATES)	214	10-72	46	1407	e Mi Se	XTON,	-	rimble	
¥		LW		DEATH (Enter anl		(A) 0 = 1	20-70	97	Er cy		Coop	ba, Md	21085 APPROXIMA	
ST.	MAIT WISH		PART I DEA	TH WAS CAUSED	BY:	ine for (a), (b), d	md (c).)		Men	IL M	reak	0	BETWEEN ONS	ET AND DEATH
NO	グロバーの>			IMMEDIAT	E CAUSE (a)	OR AS A CONSE	CHENCEOF	HILY	F. CO.	1 1	Jean		-	
REST	A A SIT		Canditions	, if any, which	DUE TO,	JK AS A CONSI		SCI	10					
4.	RAINE RAINE RAINE R R R	-	gave rise	ta immediate	(b)			300	D				-	
201 W			lying cause	tating the <u>under</u> -	DUE TO, O	DR AS A CONSE	OUENCE OF							
	SECUTION OF THE PARTY OF THE PA				(c)									
RECORDS	PPMKKA	z	PART 2 UTHER SIGN	HEICANT CONDITIONS (CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL	OISEASE OR CONOIT	TION GIVEN IN PAR	RT I (a).				
E C		CERTIFICATION	19a, DATE OF C	DEDATION	Tial CON	DITION FOR WI	UCH OREDATIO	DALLALA C DEDE	OBUEDO					
N.	O O S O L	Ş	170. DATE OF	DELKATION	178 CON	DITION FOR WI	TICH OPERATIO	N WAS PERF	OKMED?				20 AUTOPS	
- ×	SEC CHECK	E	21a EXTERNAL	CALISEWAS	21h TIAAE	OF INJURY	1	1. UOW NUM	5V 050 1000				YES .	NO []
90	CERTIFICATE SHITING THE WORD THE CORD TO THE CORD TO THE CORD TO THE CORD THE CORD TO SHITING TO BUT		UNDERLYING	OR	HOUR A	.M. MONTH D	AY YEAR	IC HOW INJU	RY OCCURRE	D LENTER NATURE C	F INJURY IN ITEM	18 PART I OR PAR	T 2)	
Ö	E C S S S S S S S S S S S S S S S S S S	V V	CONTRIBUTING	G CAUSE OF D		.M.	19	LIGGITICAL						
DIVISION	SE 33 SE	MEDICAL	WHILE	NOT WHILE		E OF INJURY ACTORY, FARM, ETC.		If LOCATION STREET		CITY O	RTOWN	COL	JNTY	STATE
۵	E, WRII WARD PAGE STATE , 21201		AT WORK	AT WORK										
100	ATE, ORV ORV IESI IESI ID,		22a Icertify	that I taak charge	e af the remains o	described obave	, held an	Autapsy .	Inspection	Inqu	iry .	and in my op	inion	
	EXAMINER: CERTIFICATI UID BE FOR DIRECTOR: I, WITH THE	-	death resulted	from: Nature	al causes	Accident], Suicide	, Har	micide .	Undetermined	manner [],		
	EXA DIE E WIT			,	0	1		TITLE	(SPECIFY)					
	THOUSE T		ACTUAL SIGNATURE	Luci	2/	ceu	per	MD D	exuly	MEDICAL EX	AMINER	DATE	12-1	9-87
	NOEA SET OF	_	F.V		, and	72-	. 100	MD	111	11 ~11			1 - 1 -	
	* Dan E		EXAMINER'S N (TYPE OR PRIN'	AME (U	115 E	KEN	5/62	ADDRESS	46	y an	ulla	47-		
	TO MEDICAL EXECUTE THE CPACE & SHOULD TO FUNERAL DAFFER DEATH, BALTIMORE, M	23a.BL	IRIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c. NA	ME OF CEMETE			23d LOCATIO	N	COUN	atv.	STATE
	BP	(3)	Buria	I	Dec.23,1	985 Arl	ingtion	Nation	nal Cem	etery.	Arling	ton-Ar	lingtor	-Va
	DHMH - 17	24 FL	INERAL DIRECT	OR	1,200				25a. DATE R	REC'D. BY REGIS	TRAR 200 PE	GISTRAR'S S	CA (Val)	2.
	(VR A15 ME (5))	Hov	ward K.	McComas	III, Åb	ingdon,	Md. 21	009	DEC	23 198	Histia	-Darkdan	malanton	:
	15M 2/80								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 7	- 4			-

11 1 1 1 1 1



REGISTRAR		CEI	CHIPICALE UF DEATE	NEG. 1	NO.
I DECEASED NAME FAST		MODE	(A)7	2n. DATE OF DEATH	MONTH DAY YEAR ZE HOUR
Bessi	E 3	ane 1	MARKICY	Dece	mber 5 1985 7:45 A
1 56X	4 RACE		ATE OF BIRTH	4. AGE THINASTRALIA	MINDAY) # (MORE TYEAR # UNICEP 24 HIS MONTHS DAYS HOURS WIN
Female	Cauc		ar. 1. 189		YRS
BIRTHPLACE (SEATE ON FOREIGN	The state of the s	WHAT COUNTRY? I	URIED A NEVER MARRIE	IF BALTIMORE CITY	OR COUNTY OF DEATH
Maryland	U.S		OWED DIVORCE	1 1 4 - 1	ord m
TE CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTIO	IN USUAL OCCUPA	
Agone de GAACE	Harfor	nd Memoria	1 Hospita	Housey	
Pennsylvania	York	Delta	134 INSIDE CITY LIM	45.55	77314 99
M FATHER'S NAME	0		15 MOTHER'S MAID	EN NAME	-12-1
George	MIDDLE	Heaps	Anna	ALCOUR.	McMullin
18e WAS DECEASED EVER IN U.S. A		146 SOCIAL SECURITY		ADD	The state of the s
NO NO PERSON	ONE WAR ON DATES.	213-74-47	41 Marie M	I. Dooley,	same as above
	DUE 10, 0	OR AS A CONSEQUENCE	Maser	Laucius	ADITION GIVEN IN PART I IS
THE DATE OF OPERATION THE DATE OF OPERATION	T% CONE	DITION FOR WHICH OPER	ATION WAS PERFORMED	20s. AUTOPSY7	28s. IF YES, WERE FINDINGS USED
E C				YES TO NOOK	IN CERTIFYING CAUSES OF DEATH?
CARCOURDINGS - CARGO CO.	HOUR A		EAR 19	OCCURRED TENTER SEASON OF PL	Other by (16-m) (if page 1 (De-byte 2)
CIFETHER NGTHS MEDICAL EXAMPLE 716 INJURY OCCURRED WHILE IN JURY OCCURRED ALL WORLD ALL WORLD		OF INJURY REEL FACTORY, OFFICE FAMILES	2H LOCATION	CIN OF	OWN COUNTY WATE
17a.3 certify that (1) (this has saw the decapated alive above, (3) (w/) (did) (did) (27b. SIGNATUR)	12-5	10.85	DEGREE ATTEND PHYSIC		date and hour and from the causes stated 71. DATE SIGNED AFF ICIAN
THE PHYSIANS NAME OF	un	5 Yan	1 to ADDRESS	mede	grow my

(VRA 15, 4)

Gladden Kurtz Jarrettsville, Md.

\$21s2s Dans Later Care Later Days. L. 1991 E TOTAL TOTA and the decree tipe in the Art and the proof of the proof of ananglymida York Delva Tole 1751a milimion by the second of scene ELT-To-ATAL Harde N. Dooley Harales boys L. STERRET THE SECRETARY OF THE SECRETAR

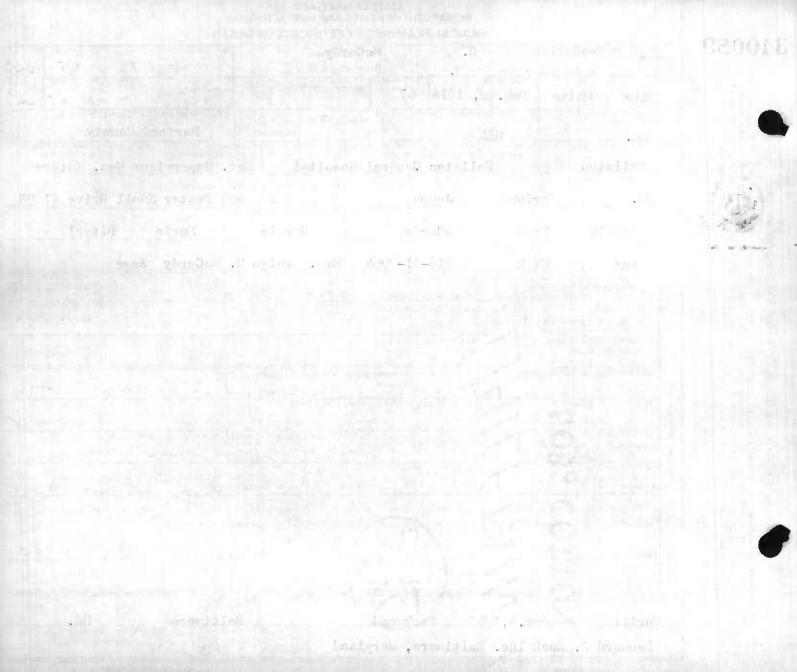
John Harkins 600 Main Street Delta, PA

DHMH - 16 60M 7/84 (VRA 15, 4)

111318 e company to to be seen that a see that the seen that the seen that the seed of the seen as the seed of The first of the f and the state of t the state of the s property of the second of the

	STATE		PARTMENT OF HEALT		64 64	0 4 0 0 0				
I. DEC	REGISTRAR		CAL EXAMINER'S	CERTIFICATE O	F DEATH REG.	NO.				
(TYP	CEASED NAME Frederic	k D.	McC McC	urdy	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HO				
	FREDE	ERICK]	o. Me	euroy.	DEATH MATED	O \$2 01 85. 12.51				
3. SEX		5. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	MONTH DAY YEAR 24. HO				
	Male White	Feb. 22,	1918 67 (THOAY) MO	NIHS DAYS HOURS	DEAD	12. 01 1985 1251				
	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY? 8. MAS	RIED A NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY OF DEATH				
roi	Md .	USA		WED DIVORCE		rd County				
). CI	TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME, OR O	THER INSTITUTION	120. USUAL OCCUPATION	TYPE OF WORK 12b. KIND OF BUSINESS				
	Fallston		ston General 1	Hosnital	Pet. Supervi	sor Gen. Motors				
	L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)			sor adu. Hotors				
S	Md. Ha:	rford	Joppa	YES NO S	13e STREET ADDRESS	Knoll Drive 21085				
14. FA	ATHER'S NAME		ooppa	15 MOTHER'S MAIDEN		Alloll Drive 2100)				
	FIRST	MIDDLE	LAST M. C	FIRST	MIDDLE	LAST Di t = 0]				
6a V	Austin Lo		McCurdy 16h. SOCIAL SECURITY NO.	Carrie	Marie					
(YE	ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES		W 70 1	W W G 1	0				
_		12	216-01-2064	Mrs. Evely	n H. McCurdy	Same APPROXIMATE INTERVAL				
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	RY.				BETWEEN ONSET AND DEA				
	IMMEDIAT			throng b	NSEAJE.					
	Conditions, if ony, which									
	gave rise to immediate									
	couse (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF							
		(c)								
_	PART 2 OTNER SIGNIFICANT CONDITIONS C	ONIRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	1 (o).					
CERTIFICATION	DIABETE	110		tirial cide	(c) KoiTA (c)	CAMDIUMYOPATHY				
CAI	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION		20. AUTOPSY?					
TIE	N/A		NIP			YES NO				
	UNDERLYING OR	HOUR A.M.	NJURY 21c.	HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)				
CAL	CONTRIBUTING CAUSE OF D	EATH P.M.	19 0	ALDIAC ARR	ETT + Colleges	ic bithor.				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF STREET, FACTOR		OCATION STREET	CITY OR TOWN	COUNTY STAT				
2	WHILE NOT WHILE AT WORK	HOM	JOPPATOWN MD 2108:							
			hadahasa kaldasa Asa		п. п					
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,								
	death resulted from: Natura	A Couses	ccident L, Suicide L	, Homicide,	Undetermined manner	1.				
	ACTUAL Y and	subm	hh.	TITLE (SPECIFY)		DATE DECISES				
	SIGNATURE			M.D	MEDICAL EXAMINER	SIGNED DECT 85				
			RABHO.	To dellar I						
	EXAMINER'S NAME	NE3 H	IL FISTO							
	(TYPE OR PRINT)			OR CREMATORY	123d LOCATION					
230. BU	(TYPE OR PRINT) URIAL, CREMATION, REMOVAL 23 PECIFY)	b. DATE	23c. NAME OF CEMETERY		233. LOCATION CITY OR TOWN	COUNTY STATE				
23a.BL (Si	(TYPE OR PRINT) URIAL, CREMATION, REMOVAL 23 PECIFY)	ec.4,1985	Parkwood	OR CREMATORY 250. DATE RE	23d LOCATION CITY OR TOWN Baltimore C'D. BY REGISTRAR 1256-RE	Md.				

STATE OF MARYLAND



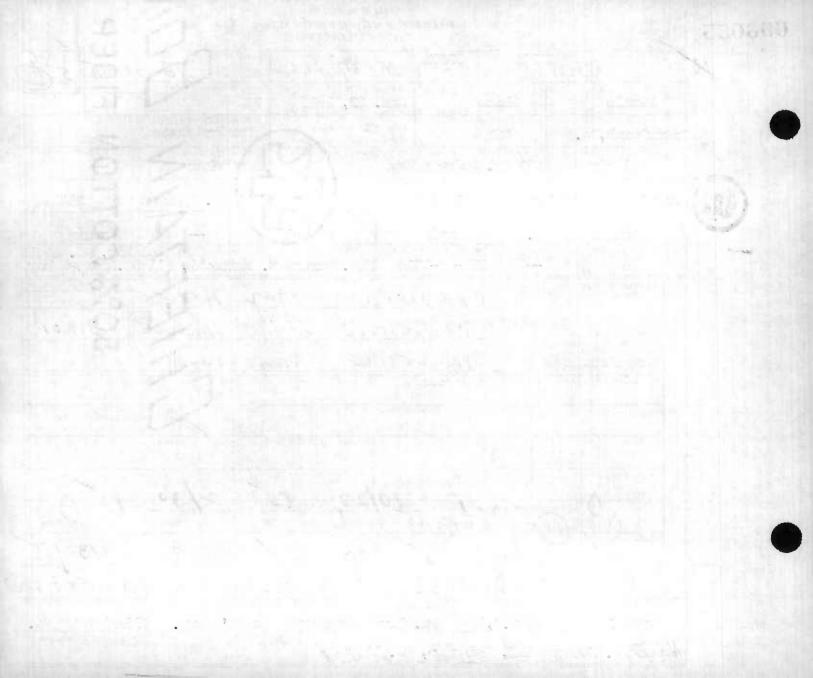
		FOR
7		
	-	STATE

STATE OF MARYLAND DE

		-	-				
PARTMEN	T OF	HEA	LTH	AND	MENTA	LHY	GIENE
C	RT	IFIC.	ATE	OF	DEATH		

NE	C	~		0	tony.	اليا		
	RI	EG. NO						
a. DAT	E OF DEA	ATH A	HINON	DAY	YEAR	26 HOL		

096055	1.	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 🔾 🧠 👶 👌 [] REG. NO.						
noy be poge 3		CEASED NAME OR PRINT)	FIRST OL	IVE	MARIE	M	MONAMEE	20. DATE OF DI	EATH MONTH	30 85	5 Am
ge 4 mo	3. SEX Female						Jan. 23, 1915		S LAST BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.
deorth. 70	Pittsburgh, Pa.			USA _w		WIDOWE	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH Harford County MD.		
ors ofter o		Bel Air		11. NAME OF HOSPITAL, NURSING HOME O 911 NOST Andrews Way		R OTHER INSTITUTION	120 USUAL OCCUPATION 1 DE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMENAKET				
124 hou	Ma	-	Harfo	other institution. TY rd	Bel Air		13d. INSIDE CITY LIMITS? YES NO 💆		DRESS / ZIP COI • Andrew	s Way	21014
bed with	P. Carlotte	Arthur		AIDDLE C.	Martin		Mayzell		*IDDLE	Mann	ing
on one		VAS DECEASED EVER II YES, NO ORLINKNOWN) NO	(IF YES GIVE	WAR OR DATES)	174-07-15	18	Mrs.Maureen F	E. Frits	chi, 911	St.Andr	
certificate ng phy bonpot removal		18 CAUSE OF DEATH (Enter only one cause per line for id., (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE									
e death c e ottendir move car troumoti		Conditions, if any, which gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF THE HEART FAILURE 3 mov								mon	
that the that the second please reprincit, creminal, creminal, creminal, creminal, creminal second s		couse (a), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF LIE MY ELMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
been sign mit. Then prior to bu	ATION										
N. The lonysicion. Icate has rousit peril Hygiene p	CERTIFICATION	210. ACCIDENT WAS UNDE		21b. TIME O		Y YEAR	21c. HOW INJURY OCCURR	YES NATUR	100	FIFYING CAUSES YES PART OR PART 2)	OF DEATH?
PHYSICIA anding physicial phis certifice buriol-th distribution of them.	MEDICAL	OR CONTRIBUTING CONTRIBUTION CO	AL EXAMINER)	P.I	M. OF INJURY	19	211 LOCATION		ITY OR TOWN	COUNTY	STATE
NDING 1 If or after R: After t Use as th Tealth on	2	WHILE ALL NOT WH									
OR ATTE oe hospita DIRECTO oched for Dept. of h		saw the veceased alive an obove (IV) (we) (did) (find not grew the badylatter debith.) DEGREE ATTENDING MEDICAL STAFF 22c. DATE, SIGNED									
OSPITAL ed by th UNERAL d be dete he State RTANT: 1		THE PHYSICIAN'S NA	ME (TYPE OR	WW EN	1ANDS	,	PHYSICIAN E	MEDICAL DIRECTOR	STAFF PHYSICIAN [119:	20/83
TO Horizon	23a. E	BURIAL, CREMATION, R	EMOVAL	23b. DATE			METERY OR CREMATORY	23d. LOCATIO	TOWN	county county	STATE
BP	24 FI	Burial UNERAL DIRECTOR		Jan.2,	1986 Mt.	Olive	t Cemetery	Scott's		Allegher	
DHMH - 16 60M 7/84 (VRA 15, 4)		ward K. Mo	Comas	III, P	bingdon,	Md.	1009	M OZ L	300	A POST CONTRACTOR OF STREET	



4133	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO 20 DATE OF DEATH MONTH DAY YEAR 26 HO 30 DATE OF DEATH MONTH DAY YEAR 26 HO 49 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH Harford 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 2113 STREET APPRESS ZIP CODE, 132 STREET APPRESS ZIP CODE, ADDRESS Mary Mellinger, Phoenix, Ar BETWEEN ONSEL AN BETWEEN ONSEL AN BETWEEN ONSEL AN LAST 200 AUTOPSY2 208 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO NO URRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2) CITY OR TOWN CITY O	0 4 0 0 2
page 3		CEASED NAME POTSU	MIDDLE	Mellimer		
ector, pag	3 SE		1 RACE Califarian	5. DATE OF BIRTH) MONTH DAY YEAR A 3 3 5	The state of the s	MONTHS DAVE HOUSE AND
ineral dir in 72 hou		IRTHPLACE PATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED MINORCED DIVORCED		
182	E	all stor	(IF NOT IN SUCH FACILITY, GIVE STREET	. Naso	TYPE DE WORK FOR MOST ON W	
1	ille.	STATE 136 GOUN		Grace YES NO NO	1410 Dame	ry Drive 21078
100/04)	ATHER'S NAME FIRST George E. M WAS DECEASED EVER IN U.S. ARI			rumpower	The second of the second
\prec /	1	YES NO OR UNKNOWN) (IF YES GIVEN ALT	Force 184-26-5	214 pts chart M		r, Phoenix, Ariz.
Big	B		ly ane cause per line far (a), (b), and BBY: E CAUSE (a)	iac Hines		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t by the ottend obte removib co of cremption, o		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	tecl Cardings	mi Shock	
en signes or to berry y injury, o	TION	Education report				
Service by the service of the servic	RTIFICAT	190. DATE OF OPERATION	100	OPERATION WAS PERFORMED	YES NO	YES NO NO
Services of the services of th	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	RED (ENTER NATURE OF INJURY I	N IIEM 18 PART I ORPART 2)
After the on the b th and A orkedes	MED	21d. INJURY OCCURRED WORK NOT WHILE NOT WHILE NORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.		CITY OR TOWN	COUNTY STATE
ECTOR. ref for one m 21 to a		sow the deceased alive an	ral) attended the deceased fram_	and that in (my) (our) apinian		and have and fram the causes stated
D FUNERAL DIF Could be defects the State Des		my claves for 11 mon	Cenha	ATTENDING PHYSICIAN [22e ADDRESS		
PP PP PP	230 E	BURIAL, CREMATION, REMOVAL (SPECIFY) UPIAI		AME OF CEMETERY OR CREMATORY roadfording Mem. G	CITY OF TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	UNERAL DIRECTOR MINNI	CH FUNERAL HOME vd. Hagerstown.	250 DAT	ERECT BY REGISTRARIAN	

FOR STATE

DEPARTM

STATE OF MAKILAND	1.14				
ENT OF HEALTH AND MENTAL HYGIENE	0	2	U	line	1
CERTIFICATE OF DEATH		REG. NO.			

	100	REGISTRAR				CERTIF	ICATE OF DE	HTA		REG. NO.				
		CEASED NAME	FIRST	A	WIDDLE	L	AST		2a. DATE OF	DEATH MO	NIH	DAY YEAR	2b. HO	UR
	(TYPE	OR PRINT)	WILLI	AM	FRANK	M	EURER, S	SR.		ember		1985	12:0)5 P _M
	3. SEX			4 RACE		5 DATE C		YEAR	6 AGE INYE	ARS LAST BIRTHDA	(Y)	MONTHS DAYS	HOURS	ER 24 HRS
1	63	Male		Whit	æ	Dec.	23, 190	09	75		YRS.			I I I
		RTHPLACE (STATE OR		76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER M	APPIED []	9. BALTIMOR	E CITY OR C	OUNT	OF DEATH	2 1	
V	Ba1	timore, M	đ.	USA	A	WIDOWE		ORCED [Harfo	ord Cou	inty			MD.
1	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		ROTHER INSTI	TUTION		CCUPATION		126 KIND C		
U	Jo	pppa		925 Run	nsey Plac	e			Watch	Engine	er	Gas-El	ectr	ic:
1		AL RESIDENCE (IF NURS	136 COU		GIVE RESIDENCE BEFORE		13d INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS / ZI	P CODE			120
ŋ	Ma	ryland	Harf	ord	Joppa			NO 🗌	925 Ru				85	
1	14 FA	THER'S NAME	1	MIDDLE	LAST	- 1911	15. MOTHER'S			MIDDLE	29/11	141	1.3	
0	F	rank	Ch	arles	Meurer			üse		zabeth		Dombrow		
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMAN William	1T	V. 1881	ADDRESS	ppa	. Md. 2	1085	5
		no			212-05-7	318	William	n Franl	k Meure	r,Jr.,	10:	31 Enso	r Dr	rive
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o', (b), on	dic						APPROX BETWEEN	MATE INT	ERVAL ND DEATH_
		PART I. DEATH W	IMMEDIA	TE CAUSE (o)	Congest:	ive E	leart F	ailur	ce	17-6		mont	hs	
		7		DUE TO, OI	R AS A CONSEQUE	ENCE OF								
		Conditions, if any,		(ıb)	45 A 1300			30 F			111			
		gove rise to imr couse (a), statir	ng the	DUE TO, OI	R AS A CONSEQUE	ENCE OF						W. P. 65		
		underlying couse	lost.	(c)_						MAY S				
	7	PART 2. OTHER SIGN											0	
	CERTIFICATION				trointe								145	
2	Si CA	190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO			S, WERE FINDI		
	E						7		YES 🗌	NOXX		s 🔲	NO	
-		OR CONTRIBUTING	_	1	M. MONTH D	AY YEAR	21c. HOW IN J	URY OCCUR	RED (ENTERNAT	URE OF INJURY IN	ITEM IS I	PART I OR PART 2)		
7	MEDICAL	(IF EITHER NOTIFY MEDI	CALEXAMINE	P.		19	2				8.		100	
	MED	214 INJURY OCCUR		21e PLACE (ARM ETC.)	THE LOCATION			CITY OR TOWN		COUNTY		STATE
		at work at with	44	1		Worr		-	Da	- (05		
		77s I certify that (1)		Nov 2	deceased from	Nov	nd that in (my) (19	, to _De		and ba		-	(we) lost
		27b 51GNAT 785		riew the body	atter death		DEGREE	bor, opinion (dedili occorred	on the dote t	ond not	22¢ DATE		
		1	1	7				TENDING Y	MEDICAL DIRECTOR	STAFF		6 De		35
-		77d. PHYSICIAN S N	AM	W.		-	72e ADDRESS	HYSICIAN E	DIRECTOR	_ PHYSICIAN	1 📗	0 20		, ,
		Marc I		avey, 1	M.D.			Osle	er Dri	ve T	ows	on, MI) 2	2120
	22a D	LIBIAL CREATATION		Took DATE		NAME OF C	EMETERY OR CO	EMATORY.	1224 LOCAT	LION				

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Dec. 9, 1985

CITY OR TOWN

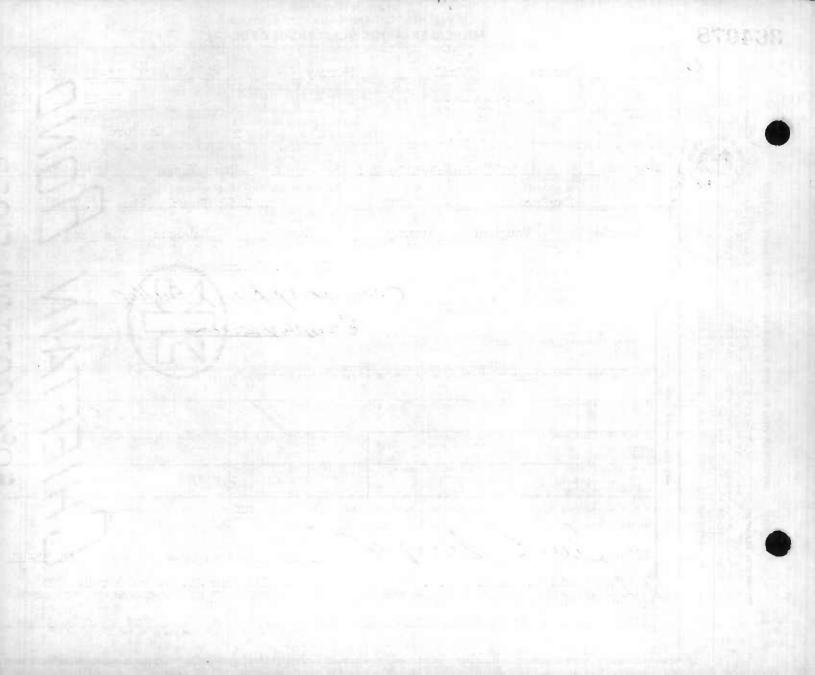
COUNTY

STATE

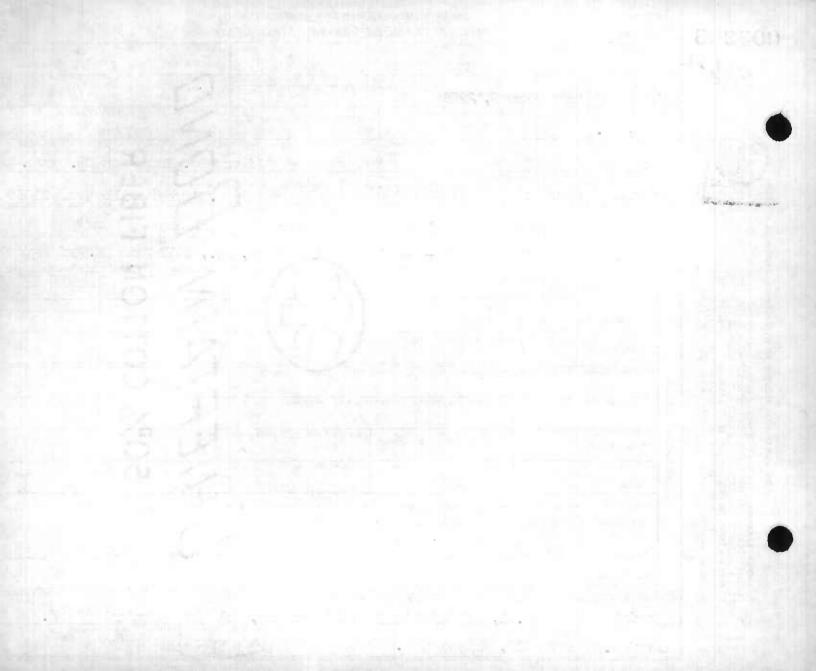
Parkwood Cemetery Baltimore Balto. Md. 256 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE 9 1985 Howard K. McComas III, Abingdon, Md. 21009

Congestive Heart Pailure rignom s/o marrive offictrointestinal bleed from multiple ulcers 35 Dec. 6, 85 Lov 21 10 N N Dec 35 Marc I. Seävey, M.D. 7600 Osler Drive Townon, MB 21204 931318

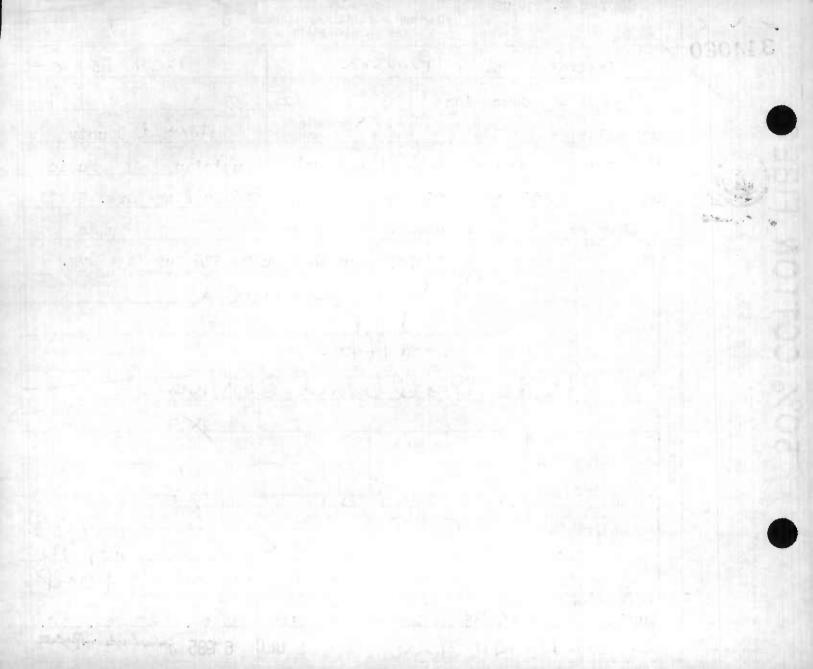
A C A C INC	1.3	FOR		DEPARIMENT	OF REALI	H AND MENTAL	I TOILINE	11 14 11	100
364078		STATE REGISTRAR	MEI			CERTIFICATE C		NO	
COTOTO		CEASED NAME FIRST		WIDDLE		LAST	KEO.		las vious
11		PE OR PRINT)		***************************************		(2)	2ª DATE KNOWN OF ESTI-		26 HOUR
3888		Hora	ice 1	Neil	M	lurray	OF ESTI- DEATH MATED	12-23 1985	1 24
ECESSARY, PLEASE FEAL DIRECTOR. OR YOUR FILES. FINN 72 HOURS RESTON STREET,	3 SE		S. DATE OF BIRTH	6 AGE	IN YEARS IF U	NDER I YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH DAY YEAR	2d. HQUE
SISE		M	MONTH DAY		RTHDAY) MON	THS DAYS HOURS	MIN. PRONOUNCED	12-23 ,85	11a
0.70 PR	/	W	10 28	32 53	YRS.		DEAD		rra
GESSARY, SERVIN 72 RESTON		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	8 44 4 10	RIED NEVER MARK	9. BALTIMORE CITY	OR COUNTY OF DEATH	
の事でする	4		U.S.	A			CED 🔀 Ha	arford	
7	Pic	aryland TY OR TOWN OF DEATH		A . PITAL, NURSING H			LLD UN	TYPE OF WORK 126 KIND OF BUS	MD
THE WASTERN IV	VI	OR TOWN OF BEATH		CILITY, GIVE STREET ADDR		HER INSTITUTION	FOR MOST OF WORKING LIFE	OR INDUSTR	A DILACOD
SIS SITE OF	4 CA	berdeen	3252 Ch	urchville	Rd.		Unemployed	Disable	1
_ 5 Z 08	TUNO!	RESIDENCE (IF IN NURSING HO.	ME OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE AD	MISSION)	1		IDISANIE	
AND	12010	TAIE 136. CO		13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
		MD Har	ford	Aberdee	n	YES NO Q	3252 Churchyi	ille, Rd. 2100	
MD SW STA	JIL F.	ATHER'S NAME	WIDDIE			15. MOTHER'S MAID	EN NAME MIDDLE	LAST	
F S S S S	1/	Lennie	Vaughan	Muura					
TER DE FORM ON OF	14- 3	WAS DECEASED EVER IN U.S.		16b. SOCIAL SEC		Iona 17. INFORMANT	Rebecca	Thompson	
N ON ON ON O	100	(ES, NO, OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	108. SOCIAL SEC	UKIIT INO.	IV. NAI OKMAIAI	ADDRE	:22	
BALTIMORE, MD. S. AFIER DEATH. GUEP PAGES 1, 2 PAGES 1 AND 2 WISION OF WITA		YES	WII			Iona T. (Courtney same	e	
		18 CAUSE OF DEATH (Enter	only one couse per line	for (a) (b) and (c)	\			APPROXIMATE	INTERVAL
F 75 75 11		PART I DEATH WAS CAU		101 (d), (b), dild (c)	na.	w 101 A.	b.1. E.	BETWEEN ONSET	AND DEATH
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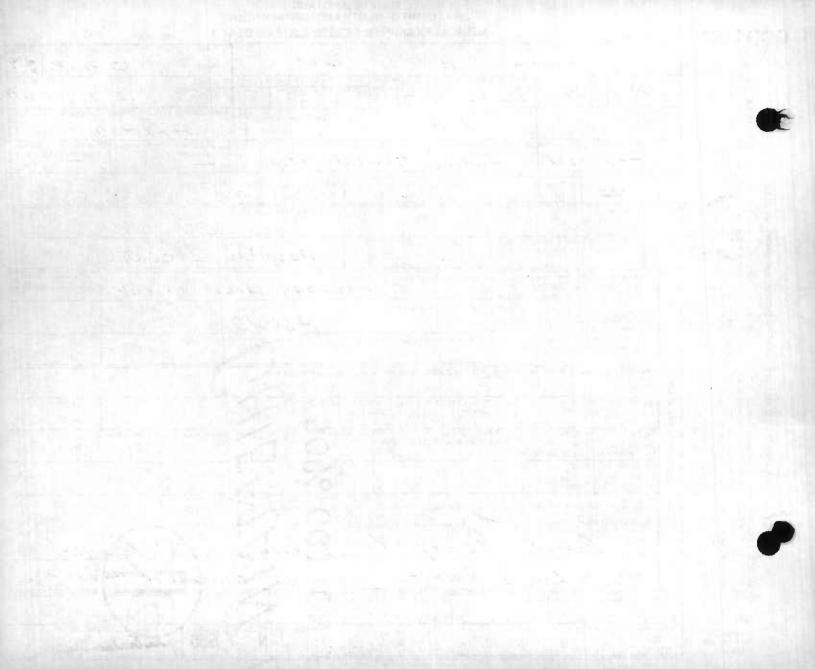
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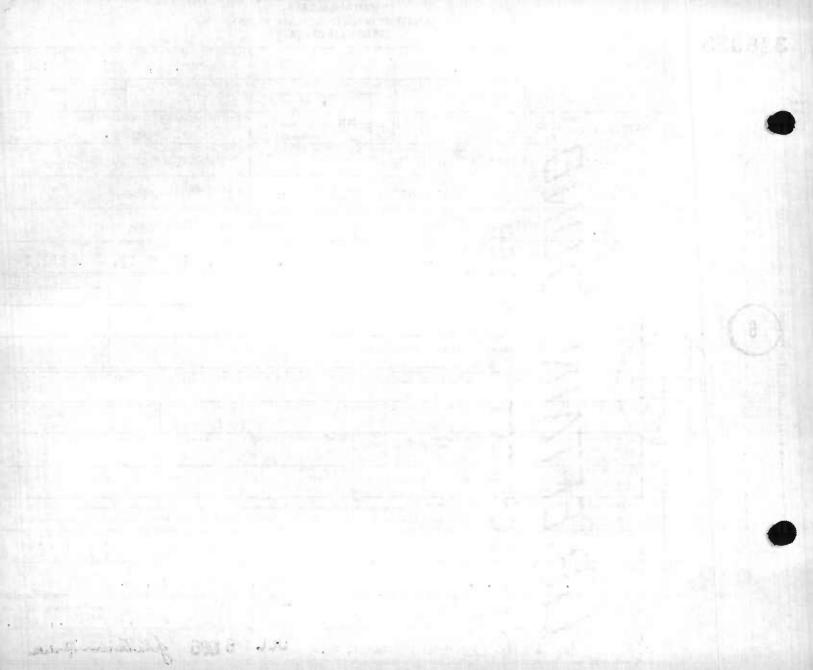
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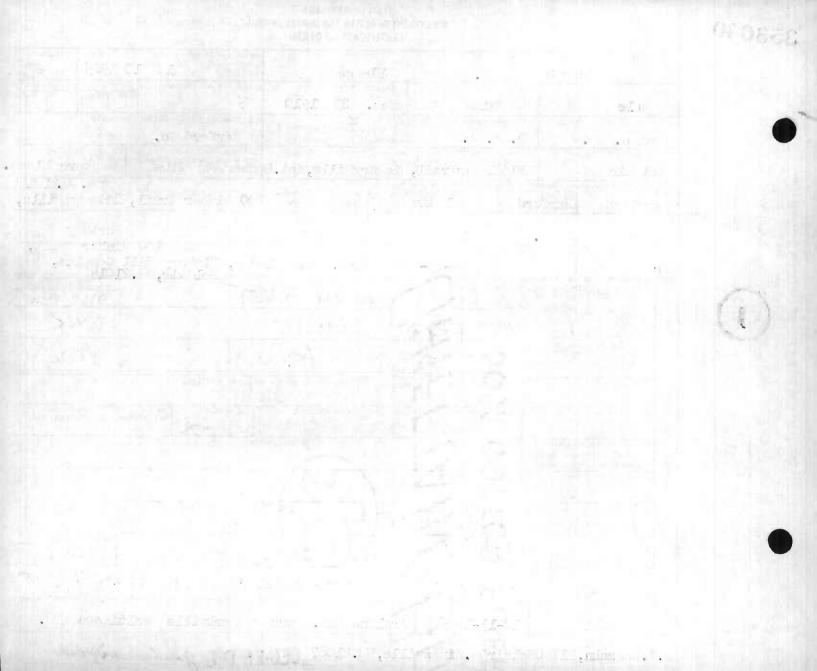
	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENER A A A A A A A A A A A A A A A A A A A	2 /
009192	2 1	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 ,
		DECEASED NAME FIRST MIDDLE LAST OF ESTI- DEATH MATED 20. DATE KNOWN MONTH DAY YE OF ESTI- DEATH MATED 23/190	AR 26. HOUR
SS. F., PLEASE SOUR FILES. TO DE FILES. TO HOURS	3. S	4. RACE S. DATE OF BIRTH HONTH DAY YEAR (AST BIRTHDAY) HONTHS DAYS HOURS MIN PRONOUNCED DEAD 12 3/19	EAR 2d. HOUR
CESS	11	BIRTHPLACE (STATE OR FOREIGN COUNTRY? FOREIGN COUNTRY) 18. MARRIED PREVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED HARFOND	H MD.
ELAY 6 TO THE P PAGE : PE FILED.	/2 10.	CIN OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FALLS FOR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (TYPE OF WORK OR INDI OR INDI OR INDI	FBUSINESS
21201 F ANY DI METAN PETAN RECORD		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR ADMISSION) STATE 13b COUNTY 13c CITY OR TOWN Bel Air, MD 13d INSIDE (ITY LIMITS? YES NO D 130. STREET ADDRESS 15 W. Dallon St., 8-A	7
W F F	20	FATHER'S NAME FIRST Harold A. Parr LAST LAST LAST Catherine Estelle Daley	
BALTIMORE G. G. F. B. D. W.IT. WIT.	/	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR GATES) NO 160. SOCIAL SECURITY NO. 17. INFORMANT LOS PHAL RECORDS ADDRESS 122-03-8248	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONOWARY HEART DIJECTOR	MATE INTERVAL DNSET AND DEATH
등 트림뿌짓국	0	Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF (b) ASCUD	
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BE F. EPPRARMENT OF HEATH AN	TO BUR	216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION THIS CERT E, WRITING RWARDED PAGE 3 SH	02	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY	STATE
MINER: TI IFICATE, V BE FORW CTOR: PA	64	77a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes . Accident , Suicide , Hamicide , Undetermined manner ,	
AL EXAM HE CERTIFICATION B BAL DIRECT	MARYLAND	ACTUAL SIGNATURE M.D. PEPULET MEDICAL EXAMINER SIGNED 12-	
EDICA TE TH A SH	Zwbee	EXAMINER'S NAME LUS E RENJEL ADDRESS 464 allique IT Havas	u Se
TO FILE	Re	BURIAL CREMATION, REMOVAL 236. DATE 1236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY PROVIDED TO COU	state
DHMH - 17 (VR A15 ME (1/3	FUNERAL DIRECTOR NAME ADDRESS ADDRES	J. 00
15M 7/77	LLa	ITTING FUNETAL HOME, P.A., Aberdeen, MD, 21001-3899	MUNICIPAL STATE OF THE PARTY OF



346035		FOR STATE REGISTRAR			CERTIF	IEALTH AND MENTAL HYG	REG. N		3 0 0
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ge 4 moy be ector, page 3	3. SEX	Male	4 RACE Whit	е	S. DATE O	of BIRTH Ty 2 pay 189*****	6. AGE (IN YEARS LAST BIR		DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN
offer deoth Page 4 me the funeral director, p d within 72 hours after hijed at once.	F	RTHPLACE ISTATE OR FOREIGN DUNTRY BUNDS Y LVANIA	US.		WIDOWI		9 BALTIMORE CITY O	MD.	
_ 0 10 100	P	TY OR TOWN OF DEATH ylesville	5101	CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF A PINE P		KIND OF BUSINESS OR
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours of ysicion and completely filled in by the opers. Pages 1 and 2 should be filled val. it, the medical examiner must be not in the the medical examiner must be not in the medical examiner.	13p. s	- ,	OTHER INSTITUTION	I GIVE RESIDENCE BEFORE VILLES	11e	13d. INSIDE CITY LIMITS?	135 STREET ADDRESS	n Road	21132
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O HOSPITAL OR ATTENI etoned by the hospital TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of He MPORTANT, if Hem 21 is		226. PHYSICIAN'S NAME (TYPE O	R. 000	Son			MEDICAL STA		12/1/85
TO HOSPITAL retoined by th. TO FUNERAL should be dero with the State MARORTANT. If		Janne R. Ols	on, M.D.				, Fawn Grov	/e,Pa. 1	7321
	B	URIAL, CREMATION, REMOVAL PECIFY UF131	23b. DATE 12/4/			EMETERY OR CREMATORY			k Co., Penn.
DHMH-16 60M 1/73 (VR A 15 (4))	Z	ME ME W	Orsk	Stewart	stown	17363 1, Pa. 250 DATI	6 1985		SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 353040 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE LAST 2b. HOUR L DECEASED NAME FIRST (TYPE OR PRINT 10 1.985 72 Pledge Joseph W. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS S DATE OF BIRTH 4 RACE 3 SEX DAYS HOURS 1910 Feb. Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED COUNTRY Harford Co. U. S. A. Balto. Md. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Western (TYPE OF WORK FOR MOST OF WORKING LIFE)
Section Chief 200 TimberTrail, HickoryHills, Apt. D Bel Air Apt. D.21014 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 13 STREET ADDRESS Trail, Hickory Hills, 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? PP Harford Bel Air Maryland NO P 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Fortney Pledge Rena James ADDRESS 200 Timber Trail. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Mrs. Ruth Pledge. Hickory Hill Complex, 216-03-5672 no CAUSE OF DEATH (Enter only one cause per bne for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 20g. AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220 certify that (1) (this haspital) attended the deceased from, 8 and that in (my) (our) opinion death occurred on the date and haur and from the causes stated aw the deceased alive on. obove, (1) (we) [did) [did not) view the bady after deat 22c DATÉ SIGNED 17% SIGNATURE DEGREE ATTENDING MEDICAL STAFF be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TIPE OF PRINT) 22e. ADDRESS should be 23d, LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 236 DATE Parkville 12-13-1985 Moreland Mem. Park Burial 24. FUNERAL DIRECTOR DHMH - 16 25M E.F. Lassahn, 11750BelairRd. Kingsville, Md. 21087 (VR A 15 (4)) 9/74



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may	After this certificate has been signed by the attending physician and completely filled in by the functional of each transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed when 72 is a ofter death and Mental Hygiene prior to burial, cremation, ar removal.
JING PHYSICIAN: The law requi	After this certificate has been signed to the burial transit permit. The lith and Mental Hygiene priar to the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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mo, po	3. SE	(4 RACE	5. DATE O	Dittil	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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e A 1	5	MD.	USA	WIDOWE		Hartord	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		ROTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
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(VRA 15, 4)	Ar	nold W. Beard	353 Fountain St	. HDG. I	Md. 0	EC 10 005 Felie	Deviden Andelle

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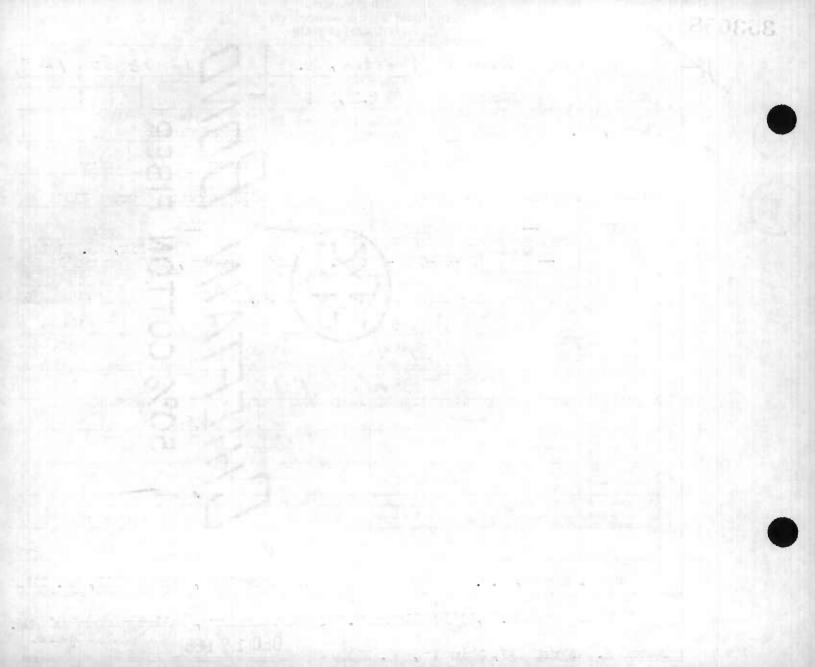
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s to to	Male		Whi	te	Sep	.30,1909 *	^{AR} 76		YRS	NIHS DAYS	HOURS MIN.			
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DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending post the burial-transit permit. Then please remove carbon, the and Mental Hygiene prior to burial, cremation, ar removed or them 18 shows any injury, or other traumatic even		ns, if any, which	DUE TO,	OR AS A CONS	SEQUENCE OF Z		Υ	53		1	Jenny			
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HI TON	23a. BURIAL, CRE	MATION, REMOV	AL 23b. DATE			EMETERY OR CREMA	TORY 2	3d LOCATION		CHINITY	CTATE			
BP	24 FUNERAL DIE	urial	Dec.1	6,1985	Fallstor	U_Method	ist Ce	metery.	Fallsto	n Har	ford Md.			
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME		mag TTT	ADDR		21000	DEC	1 7 1985	TIN. KEODIKA		- Mandelle			



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eath. Pa neral dir in 72 hours.	(RTHPLACE (STATE OR F COUNTRY) St Virgini			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	1110	ORE CITY OR CO	UNTY OF DE	ATH	MD
4 40	10 C	ALLSTON) HTH	11. NAME OF (IF NOT IN SU FALL	HOSPITAL, NURSII CH FACILITY, GIVE STREE	ADDRESSI	RAL HOSPI	120 USUAL House	OCCUPATION RK FOR MOST OF WORK SWLIE	(ING LIFE) 12h INDI	KIND OF B USTRY	BUSINESS OR
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OR A DIREC Sched Dept.		226. SIGNATURE	Λ.	10,	Þ		DEGREE	/ MEDICAL	STAFF		DATESIC	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

\$40 A STATE A STATE AS A STATE AS THE THE PERSON AND THE PERSON THE RESIDENCE OF SECURITION OF

Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84

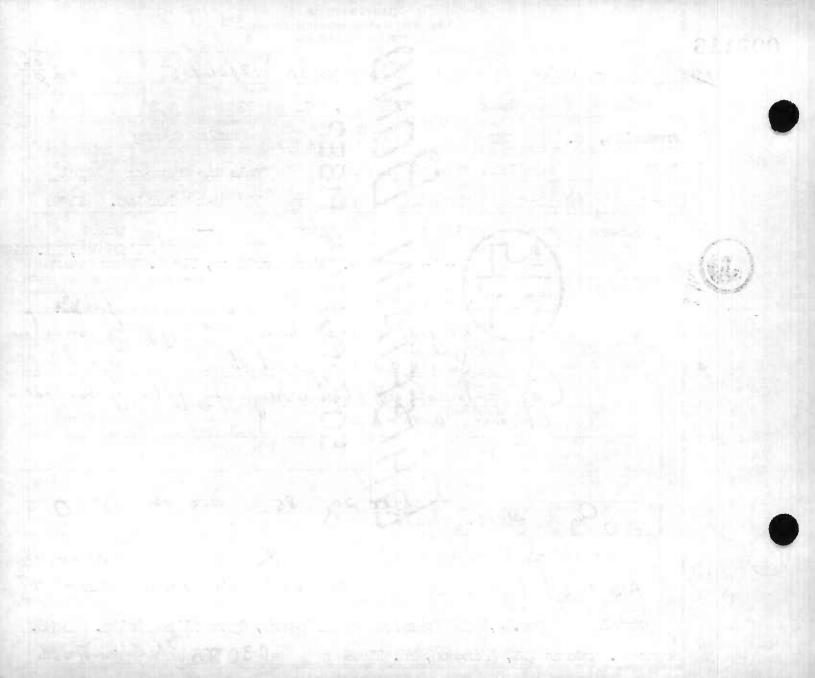
(VRA 15, 4)

- STATE

REGISTRAR 1. DECEASED NAME TYPE OR PRINT)

24 FUNERAL DIRECTOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Harford County 126. KIND OF BUSINESS OR INDUSTRY Bale Tie Operator Steel. 710 West Baker Ave. 21009 Lewis Abingdon, Md. 2100 Mrs. Lottie Rawlings, 710 W. Baker Avenue 06 IN CERTIFYING CAUSES OF DEATH? (aur) opinian death accurred on the date and haur and fram the causes stated 22c. DATE SIGNED Sykesville Balto. Md.



360071

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

- STATE

REGISTRAR

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS PACTORY WORKER FACTURE 13e STREET ADDRESS / ZIP CODE 32 LONOWINGO MIDDLE **ADDRESS** AboVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN ARLINGTON CEMETIN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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YRS

26 HOUR

IF UNDER 1 YEAR

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IF UNDER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR						REG. N	Э.			
	CEASED NAME FIRST		MIDDLE		AST	1	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
7	DOL	JGLAS ANI	DREW RING	ERS		300	DECEMBER	8,19	APPROXIMATE INTERVAL BOUNTY COUNTY COUNTY	3:45 F	
3. SE	Х	4 RACE		5 DATE C		700	& AGE (IN YEARS LAST BIR	THDAY)		IF UNDER 24 HRS	
	MALE	WHITE	WHITE		NDVEMBER 20, 1941		44	YRS.	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8:			9 BALTIMORE CITY O		Y OF DEATH		
	NEW JERSEY	USA	1	MARRIE	D X NEVER MA	RRIED L		- IARFORC	COLINTY		
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPATI			OF BUSINESS OF	
HAVRE de GRACE			HEACILITY, GIVE STREET A			200	RESEARCH PHYS		COVI		
UsU	AL RESIDENCE (IF NURSING HOA	ME OR OTHER INSTITUTION					RESEARCH FITT	510131	PEOENAL	_ GOV1	
		OUNTY	13c. CITY OR TOWN		13d INSIDE CITY		13e STREET ADDRESS			01070	
_	MD HA	RFDRD	HAVRE de C	ARACE	YES NOTHER'S A	10 X	40D4 WILKIN	SUN RU	AU	21078	
	FIRS1	MIDDLE	LAST	200	FIR	ist —	MIDDLE				
	ANDREW	. D CO D. C. CO	RINGER			IZABETH	C.		BAUE	۲	
		S GIVE WAR OR DATES	16b. SOCIAL SECU		17 INFORMAN						
	NO		265 58 761	12	MRS. BAR	BARA E.	RINGERS				
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		A A	1 4	- 0	1	reisens		BETWEEN	ONSET AND DEATH	
Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			NGS USED OF DEATH?	
RTI											
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	110110 1	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
CAL	(IF EITHER NOTIFY MEDICAL EXAM		M.	19							
MEDICAL	214 INJURY OCCURRED	21e PLACE		ADAL ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE	
2	WHILE NOT WHILE STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN										
	22a.1 certify that (1) (this h	iospitol) ottended th	e degeosed from	•	7/4	1902	_, to/2_	18	19.10	that (1) (we) los	
	sow the deceased alive	e on	2/6 193	, or	nd that in (my) (o	ur) opinion d	eoth occurred on the do	te and hou	or and from the	couses stated	
	sow the deceased alive on obve, (I) web idid) (idid not) view the body ofter death. DEGREE								22c DATE	SIGNED	
	Daine	Aples		n		ENDING YSICIAN	MEDICAL STAF		n	9/20	
	22d. PHYSICIAN'S NAME (T	YPE OR PRINT)	7		22e ADDRESS	TSICIAN [DIRECTOR PHYSICIAN				
	DAVIS HA	AHN, M.D.			5601 LO	CH RAV	EN BLVD. BA	ALTIMO	ORE, MD	. 21239	
	BURIAL, CREMATION, REMO	VAL 23b DATE	23c. N	IAME OF C	EMETERY OR CR	EMATORY	23d LOCATION				
	(SPECIFY) CREMATION	9DECEME	BER85 R.	. A. FF	RRIS & CO		WEST CHESTE	R.	COUNTY	PA.	
24. F	UNERAL DIRECTOR		23 S. WASI				REC'D. BY REGISTRAR		RAR'S SIGNAL		
M	TCHELL FUNERA	AL HOME HA	AVRE DE G	RACE.	MD.		DEC 13 19	15 C	WITH LAND FAIR		
					210/8			-			

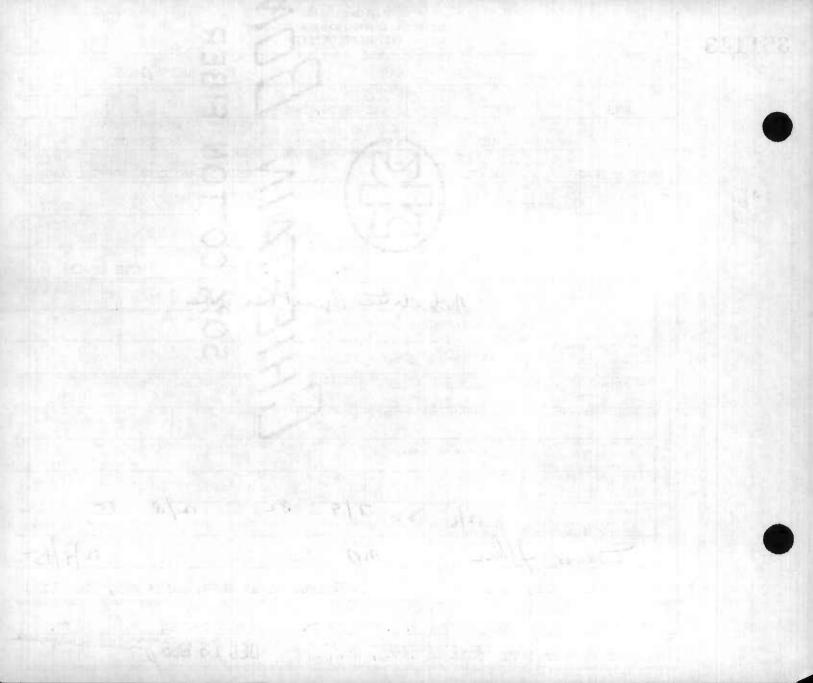
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbanpapers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

ATTENDING PHYSICIAN: The low ottending physician.

etoined by the hospitol or TO HOSPITAL OR

BP.

DHMH - 16 60M 7/B (VRA 15, 4)



			FOR	D	STATE C EPARTMENT OF HEA	F MARYLAND LTH AND MENTAL H	YGIENE	3 4 3 9 5
	000004	1-	STATE REGISTRAR		ICAL EXAMINER			
	008094	1. DE	CEASED NAME FIR		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 75 HOUR
	# % S S F	(TYF	E OR PRINT)	LPH LET	LOY R	ITCHIE	OF ESTI- DEATH MATED	12. 201,85 9.164
	LEAS CTO FILE OUR	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS I	FUNDER 1 YR. IF UNDER		MONTH DAY YEAR 2d, HOUR
	POUR SUR N S' H		MALE WHIT		YEAR LAST BIRTHDAY) N	ONTHS DAYS HOURS	PRONOUNCED DEAD 12	- 29. 1985 9.16 M
30	SSAR SSAR	7a B	RTHPLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRYS I	ARRIED NEVER MARRI	9. BALTIMORE CITY C	OR COUNTY OF DEATH
9	NECESSARY PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. W PRESTON STREET,		REIGN COUNTRY)	US	A WID	OWED DIVORC		D COUNTY . MD.
	AY IS NI THE FU AGE 5 FILED		TY OR TOWN OF DEATH		ITAL, NURSING HOME, OR	OTHER INSTITUTION	120. USUAL OCCUPATION (TYP	E OF WORK 12b. KIND OF BUSINESS
	70gm/k/	100	FALLSTON		LITY, GIVE STREET ADDRESS)	HOSPITAL	FOR MOST OF WORKING LIFE)	ANG APC.
	0 5 2 0 2 7	USUA 13a S	AL RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)		13e. STREET ADDRESS	21160
	21201 IF ANY E AND 3 3. RETAIN SHOULD I RECORD	130. 3	AL RESIDENCE (IF IN NURSING H TATE	Harford	WHITEROAD	YES NO NO	2269 7 43 ENA	sacce 20
	TANA 3	14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE		LACT
	DEATH SES 1, W PM AND 2		,	Unknown	TASI	Mae	WIDDLE	Ritchie
	LALTIMORE, M. CHE ATTER DEAT GIVE PAGES I CHE PORM PA PAGES I AND DIVISION OF VII	16a. V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	MILL CALOTO LTD
	A A G E		No		203-07-076	7 Erma C. Ri	itchie 2209 Tab	ernacle Road
	7		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	er anly ane cause per line f	or (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ST PERMIT			EDIATE CAUSE (o).	CARDIAC	ARRICA	537	
	HY BENEFICE		C Prin T		AS A CONSEQUENCE OF			211-14
	PREST L'TRANSIT ENTAL HY REMOVAI		Conditions, if ony, w	diate / (b)	CORONAL	LY ARTEY	24 DISEASI	E 2 Hours.
	RIAL-TR MEN'OR RE		lying couse lost.	DUE TO, OR A	AS A CONSEQUENCE OF			
	DS, 201			(c)	ATHEROS			
	a XU() (I)	z	PART 2 OTHER SIGNIFICANT CONDI		IT NOT RELATED TO THE TERMINAL OF			
	L RECORE DUID BE E. "PENDIN" FE MEDIC SED AS A HEALTH CREMATIC	CERTIFICATION	190. DATE OF OPERATION	LOSTATE	ON FOR WHICH OPERATION		BONE DISEA	
	HAULD RD "PEI CHIEF OF HE CANE"	FIG	SEPT 89		EN LANGE			20. AUTOPSY?
	NOF VITA	ERT	210. EXTERNAL CAUSE WA				D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD ROED TO THE CHIE E 3 SHOULD BE US E PEPARTMENT OF PRIOR TO BURGAL,		UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M.	MONTH DAY YEAR	~	/ A	on i withit a)
	CERTIFIC TITING THE TOPEN TOPEN TO	MEDICAL	214 INJUINY OCCUPATE	DIA DIACE OF	FINJURY (AT HOME, 21f	LOCATION		
	DIVIS THIS CER WRITING VARDED AGE 3 S ATE DEF	¥	WHILE AT WORK AT WORK	STREET, FACTO	PRY, FARM, ETC.)	STREET	W A CITY OR TOWN	COUNTY STATE
	PAN STA							
	ZOLDES			chorge of the remoins descr Natural couses		ntopsy L, Inspection		d in my opinion
4	XAMILE BE WITH WITH		deom resulted from:	Natural couses,	Accident L., Suicide	Hamicide .	Undetermined monner,	
	IL EXA		ACTUAL SIGNATURE	suful	hu.	TITLE (SPECIFY) _M.D	MEDICAL EVALUATED	DATE 12-29-85.
	SH SH					_M.U	MEDICAL EXAMINER	SIGNED
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNE THE CONTROL TO FUNE THE CONTROL BALTIMORE, MA		(TYPE OR PRINT)	. S. PRABI	40	ADDRESS FALL	ston gon Hos	PITAL NO 21047
	PACT AFT BALL	23a. B	JRIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEMETER		23d. LOCATION	COUNTY STATE
	BP		Burial	1/2/86	Tabernacle	e Cemetery	Whiteford	Harford MD
	DHMH - 17		INERAL DIRECTOR	ADDRESS		MA 0 00 4	REC'D. BY REGISTRAE 144. RECL	TRAE SCHOOLS
	(VR A15 ME (5)) 15M7/77		John Harkins	600 Main St	. Delta. PA 1	7314	A PARTY OF	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

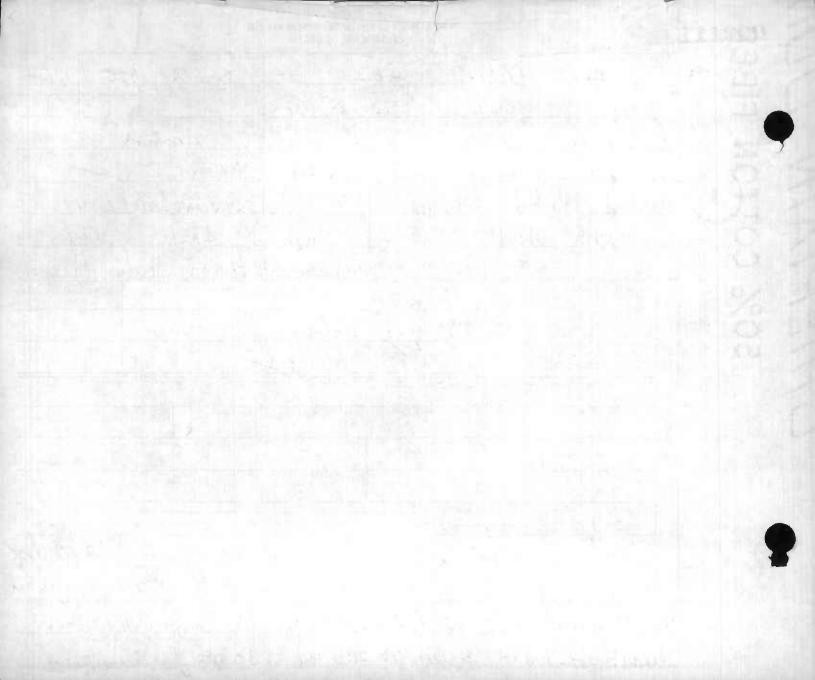
4		REGISTRAR		CERTIF	ICATE OF DEATH	REG NO			
1		CEASED NAME FIRST	WIGGE		AST	20 DATE OF DEATH	HINOM	CAY YEAR	26 HOUR
		ANNA	mabel	Ko	2.2	Dec ó	151	985	11.12 AM
	J. SEX	4	RACE	5. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	HDAY	MONTHS DAYS	HOURS MIN.
	1	ema e	White	Dep	. 24, 1909	16	YRS	V 05 05 15 11	
7		THPLACE I STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COOMI	1 OF DEATH	
/	PI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL NUR	WIDOWE		126 UŞUAL OCCUPATIO	into:		MD. OF BUSINESS OR
2	Hu	ure de GRACE	(IS NOT IN SUCH FACILITY GIVE STR		Haspital	TOMEMUKE			
)		TATE SHOME OR OT THE SHOME OR OT THE	THER INSTITUTION GIVE RESIDENCE BEF 134 GITY OR TO ADUCAL	FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS /	31 0 1	Ca 1 2 + 2 - 4	/
1	14. FA	Elsworth W	Inaht Jon	25	Small Smallen NA	Alber	ta	W	50
	6a W	VAS DECEASED EVER IN U.S. ARME	VAR OR GATEEL	M-3182	Mrs. L.S. Ford, 53	32 BANNE DE	Abu	rdeen M	d. 21001
		8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line for all thu 8Y:	ond is	(1)tr	est		BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE	CAUSE (a)	onin) 0000	1			
ı		Conditions if any which	DUE TO, OR ALACONSEC	DUENCE OF	arteres	Disipal)		
3		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS & CONSEC	THE OF	, ,				N URLIN
ď		underlying cause last.	(6)	N/10	solvisis				
	,	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GI	IVEN IN PART 10	a
1	TION	N. A. See the Management	Twi sound on the	CII OBERATIO	NAME DE DE CONTRO	Jank IE VE	YES, WERE FINDINGS USED		
1	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	206. AUTOPSY? 1206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO L			OF DEATH?
3	CERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		216 HOW INJURY OCCUR				
1	0.025.GH	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	5	AL HORS O NOT HERE O	(AT NOME, STREET, TACTOM, OFFIC						
		22s 1 certify that (1) (this haspital) attended the deceased from		, 19	, ta			that (1) (we) last
	15	saw ithe deceased slive an above (I) iwe (did) (did not)	view the bayy after death.		nd that in (my) (aur) apinian	death accurred an the do	te and ha		
1		South m	nelons		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		221. DATE	125/81
		DANTE M	ONAKIL	MD	622 SIN	lovon for	Ho	ru de	Syru M
	230 11	TRIAL, CREMATION, REMOVAL	23b. DATE 23	30 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	0	A C OUNTY	∧ STATE
		MATCALL (PEMATERN)	NO 27.1985 1	K. A. 12	PRIS 8 (1).	WEST (HEST	EL. (1	SHESTER.	PENNA.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

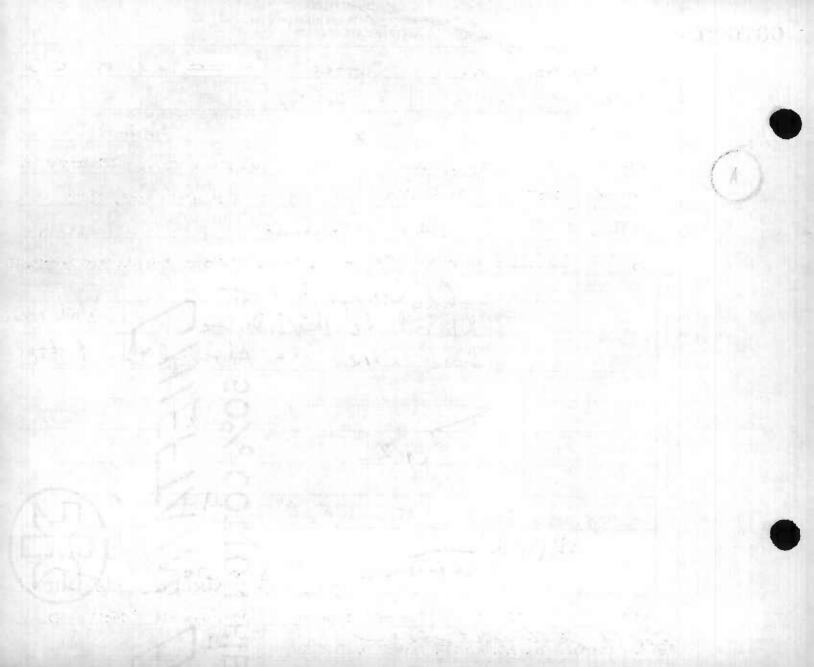
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

H FUNERAL DIRECTOR



	1				TE OF MARYLAND	Q 4	7 4 9 9	73
ORMOMO	11.	FOR STATE			HEALTH AND MENTAL HY	GIENE 🍑 📦	0 4 0 7	43
007079		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	DAY YEAR 125 HOUR	
m = X		CEASED NAME FIRST	MIDDLE		NAST	20. DATE OF DEATH MONTH	/ / /	new Property
oy be		Cart			utter	12	61 88 4	PM
fer p	3 SE	A . A	4. RACE		OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN.
ge 4	1	Male	White		H 25 YEAR /	88 _{YR}		
2 42 10 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
1 1225		Maryland	USA	WIDOW	ED DIVORCED	171	arterd -	MD.
7	10. C	ITY OR TOWN OF DEATH		TAL, NURSING HOME TY, GIVE STREET, ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	17b. KIND OF BUSINES GLIFE) INDUSTRY	
1 12 170	13	was de Grace, md	C/720	n's Nursi		V. A. Fiscal Office	VAMC Perry Po	oint
1 1 12	13sU 13g.	AL RESIDENCE (IF NURSING HOME STATE 13h COI	OR OTHER LIVE RES	SIDENCE BEFORE ADMISSION	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE	
200	1	STATE Maryland 13b. Ce	cil / P	erryville	YES NO X	77 Blythedale		
thin thin	19 F	ATHER'S NAME	WIDOLE	(AST)	15. MOTHER'S MAIDEN N	AME	LAST	
and maple	V	Clifford	Will be the second seco	Rutter	Gertrud	e	JACKSON)
d co			RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
Pag Pag	1	NO	31	6-44-0156	Marion E. Paxto	on, 137 Jackson Park		
sicro of.		18 CAUSE OF DEATH (Enter	only one couse per line fo	r (97 (b), and (97)	Λ '		APPROXIMATE INTERV BETWEEN ONSET AND D	DEATH
phy npa mov		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Cull	Dering 1	Die		
th certification of the certif		WW.ES	DUE TO, OR AS A	CONSEQUENCE OF	0 1 1 0 0	1	xbrit	1 4/
o e e u		Conditions, if ony, which	((b) A	14 Delles	te Hear	Visite	/	1
he de he or motion		gave rise to immediate cause (a), stating the	DUE TO ORAS A	CONSEQUENCE OF		40 0	0 . 0 1	1
that that the same of the same		underlying couse last.	(0)	who Call	Leve not	v Advances	CAd mit	re
n plee		PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART TO	
The sign of the rate	CERTIFICATION							
n. nas bee permit. ne prio	7 8	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH	
	E					YES NO	YES NO	
SICIAN: The physicion certificate rial-transit ental Hygier Item 18 she	8	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	11b. TIME OF INJU		21c. HOW INJURY OCCU	PRED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART ?)	
SICIA ng pl certif urial:t lental	SA	(IF EITHER, NOTIFY MEDICAL EXAMI	CAIN	/ Ma	and the last			
A My	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN.	URY TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY 51	ATE
OING P or after the as the alth and morked	>	WHILE NOT WHILE AT WORK						
LOUIN S Hose of S Hose of		22a.1 certify that (1) (this has			19.84		, 19, that (I) (v	. /
Spito For of H		saw the deceased alive obove, (1) (see) (did) (did	not) view the book ofter of	death. 19_81	and that in (my) (our) opinio	n death accurred on the date and	hour and from the causes stat	ted
OR A DIREC Dopt Them		226. SIGNATURE	. 200		DEGREE	MEDICAL STAFF	17L DATE SIGNED	
1 - 0		VV	mux	~	ATTENDING PHYSICIAN		11/1/86	
- 0 111 0 -		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	TATIL I	1 22e. ADDRESS DO	80x 5790		
		Dr.	-azatin		T O L	C+ Meerly	12 210	101
5 € 5 € ¥ ₹	23a	BURIAL, CREMATION, REMOV	AL (3) DATE	23c. NAME OF	CEMETERY OR CREMATORY	231 LOCATION	Terrain M	ATE
BP		Burial	1/4/86	Hopewe:	ll Cemetery	Port Deposit	Cecil MD	377
DHMH - 16 50M 4/B3	12	UNERAL DIRECTOR	theren +	modern	- 1111	ATE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE	
(VRA 15, 4)	1	e A. Patterson &	Son, P.O. Box	188, Perryvil	le, MD 21903 JA	3 1000 gran	Mildson-Jandell	1



DHMH - 16 50M 4/83 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

WTO 28-55 51 THE . . A CONTROLL The state of the s CHE STEP TANK DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).			
-		EASED NAME	FIRST		MIDDLE	i	AST		MONTH DAY	YEAR	2h HOU	
	(TTPE	MARY		ELIZA	BETH	5	CHUTZ		12 21	85	1120	AM
	3. SEX	(= 11	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER	
1	F	EMALE		Whit	e	3	29 22	63	YRS	MS UATS	HOURS	MIN.
1	(RTHPLACE (STATE OR FO			WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
	Pri	nceton, W.		USA		WIDOWE	DIVORCED	Harford Co				MD
	10.CT	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATE		26 KIND O	F BUSINE	SSOR
		ALLSTON .		1 /	TON GENE	RAL	HOSFITAL	Budget Ana		JS-gov	vt.Re	t.
	130 S	AL RESIDENCE (IF NURSI TATE YLand	Har	ord	Bel Air	ADMISSION)	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 115 Stonele		ad 2	21014	
1	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MEMIDDLE		145	7	11/2
Ü		William	Emo		Hall		Mamie	Ellen		Leason		
		VAS DECEASED EVER I		MED FORCES?	16b SOCIAL SECUI		17 INFORMANT	ADDR	el Air	Md.	21014	
	n	10	-		232-24-70	199	Alfred Schutz	z,Jr., 115 S	tonele			
		18 CAUSE OF DEATH PART I. DEATH WA	1 Enter on	ly ane cause per	line for (a), (b), one	lich)				BETWEEN	MATE INTER	DEATH
				E CAUSE (o)	(andio	-10	I monary Ar	rit				
		DUE TO, OR AS A CONSEQUENCE OF									.1.	
		Conditions, if any, which (b) / Retextexts taleno corrections							Mo	my.		
		cause (a), stating underlying cause	last.	DUE TO, O	R AS A CONSEQUE	NCE OF	eid office	el Perice	molite	11	ent.	
	NO	PART 2 OTHER SIGN	IFICANT O	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a ·	
ì	CATI	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20b. IF YES, W			
	CERTIFICATION							YES NO	IN CERTIFY IN	G CAUSES]	NO [
j		210. ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I	OR PART 2)		
-	CAL	(IF EITHER NOTIFY MEDIC		110	M.	19						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	RM. ETC 1	21f LOCATION STREET	CITY OR TO	WN	COUNTY	51	ATE
	~	AT WORK NOT WHI	K ITE					,				
		220.1 certify that				25	19 85		2 0 19		tho! Ow	e) last
1		saw the decease abave (1) (ve) (d	id) did na	vie)v the body	after death.	, .,	nd that in (my) our) apinion	death occurred an the do	ite and hour an	-	~	ted
		22b. SIGNATURE			110.		DEGREE	MEDICAL STAF	F	22c. DATE	SIGNED	
		22d. PHYSICIAIT'S NA	ALE ITYPE O	D ODDINITI	uu	/	122e ADDRESS	DIRECTOR PHYSIC		10	1211	05
		A.4	110		-1	10	1/3/	300 A = N	0 0	00 1		
0	22n P	URIAL, CREMATION, F	O (V)	23b. DATE	cluve	MEDEC	EMETERY OR CREMATORY	123d LOCATION	10	א, עט	15	
	(SPECIFY)	LIVIOVAL					CITY OR TOWN	co	VINU		ATE
		Burial UNERAL DIRECTOR		Dec. 24	1985 Be.	L AIT	Memorial Gard	Gens, Bel A		rford S SIGNAT	URE MC	

DHMH - 16 60M 7/84 (VRA 15, 4)

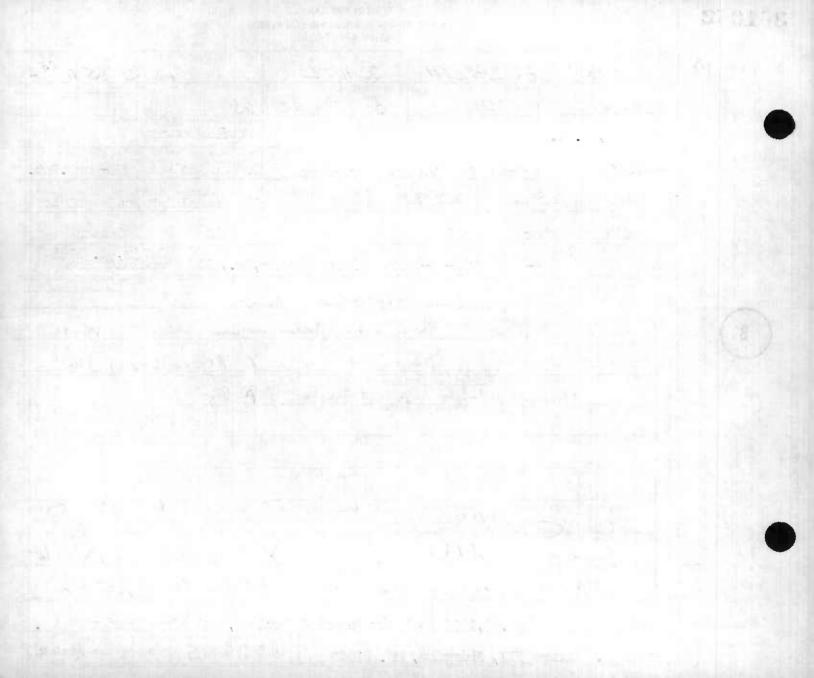
TO HOSPITAL

BP.

Howard K. McComas III, Abingdon, Md. 21009

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DEC 2 4 1985 June Davidson-Randers.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 20201

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

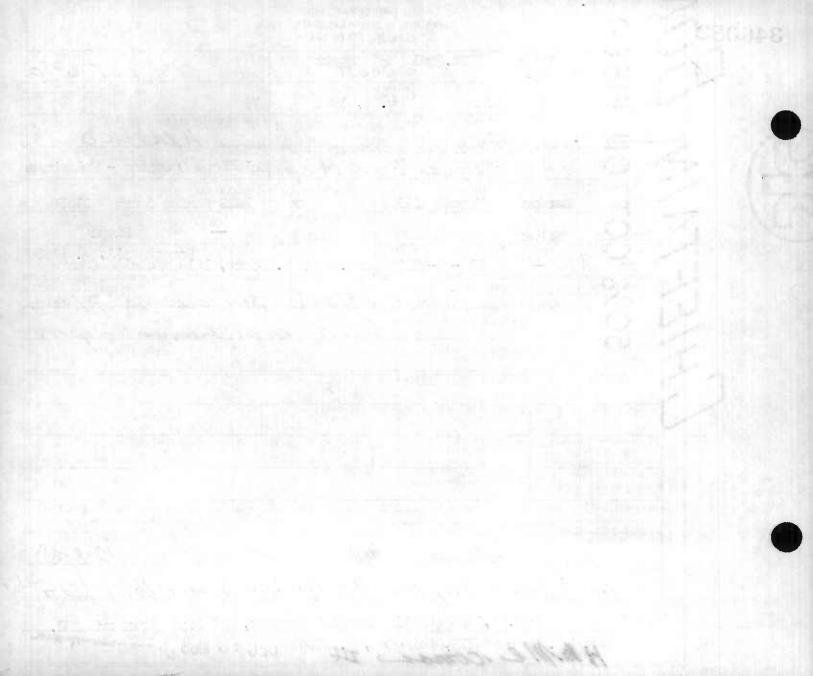
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1082	1.	STATE REGISTRAR		DEF ARTH		ICATE OF DEATH	REG. N	0.	
Mesor		CEASED NAME FIRS	Hilda	MIDDLE St. Paul	5	Scott	20 DATE OF DEATH	12 8 8.	26 HOUR 5 6 2 5 PM
rs after a	3. SE	· Female	4 RACE	nite	Nov.	8, 1906 YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
S hours dir	Ba:	RTHPLACE (STATE OR FOREIG COUNTRY) Ltimore, Md.	US	SA	WIDOWE	Transfer to the same of the sa	9 BALTIMORE CITY C	ARFOR	
filed with	Fa	allston	(IF NOT IN	ALISTON	ADDRESS)	or other institution was Asp.	Telephone	Operator	Telephone
hould be	13a Ma	aryland H	me or other institution ounty arford	ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOW Forest H	N	134. INSIDE CITY LIMITS? YES NO 🔀		ZIP CODE ise Court	21050
ompletely cond 2 s	0		Walter	Scott		15. MOTHER'S MAIDEN NA FIRST Anna	MIDDLE	Pie	
S. Pages e medica		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES ES. GIVE WAR OR DATES			Mrs.Naomi T.	Scott, 161		
a physici anpaper emaval.		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one couse p AUSED BY: EDIATE CAUSE (0),	per line for (a), (b), and Rupto	one o	r thoracic a	extic an	ella V Sin	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
signed by the attental ten please remaye cor to burial, cremation, at jury, at ather troumati	Z	Conditions, if ony, white gove rise to immedio couse (a), stating to underlying couse to PART 2. OTHER SIGNIFIC.	th (b) te ac DUE TO	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM	ATIC AND	IDITION GIVEN IN PA	RT 110
permit. Il	CERTIFICATION	190 DATE OF OPERATION	19b COM	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH?
certificate rial-transit ental Hygin Item 18 she		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	DE DEATH HOUR	E OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PAI	RT 2)
tter this as the bu h and M arked ar	MEDICAL	214 IN JURY OCCURRED WHITE NOT WHITE AT WORK	21e PLAC	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
of Health		22a. I certify that (I) (this saw the deceased all above, (1) (we) (did) (c				nd that in (my) (our) opinion	, to death occurred on the d	ote and hour and from	that (we) last in the causes stated
ERAL DIRE se detached State Dept ANT: If Iten		226. SIGNATURE	12-7	Mender	- 1	DEGREE ATTENDING PHYSICIAN	ALEDICAL STA	FF _ /	2-8-89
should be de with the Stat		Paul Paul	- 1	enberg 1	an	9101 Frank	lin Squa	my Bris	18aff 21
- 5 5	2	BURIAL, CREMATION, REMO	Dec.1	1,1985 Be	lAir	emetery or crematory Memorial Gard			STATE Md
16 60M 7/B4 RA 15, 4)	24 F	INERAL DIRECTOR HOWARD	K. McCom	as III.	ingdo	n,Md, 21009 DAI	EC 1 U 198		MATURISMONIA

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP



002148

136 COUNTY

18 CAUSE OF DEATH rEnter only one cause per line for PART I. DEATH WAS CAUSED BY:

Ceci

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 26 HOUR 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY)

1 SEX MONTH Female White Nov. 28 BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

1891 MARRIED NEVER MARRIED

YES []

15 MOTHER'S MAIDEN NAME

BALTIMORE CITY OR COUNTY OF DEATH

U.S.A. Md. WIDOWEDXX DIVORCED [GITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ford AL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONE

MIDDLE

Cafeteria Wkl. Education 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 22 Kirks Mill Lane 21901 **XON**

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Md. 4 FATHER'S NAME Scott

(YES, NOOR UNKNOWN)

- STATE

TYPE OR PRINTS

REGISTRAR

DECEASED NAME

Benjamin

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT

Olivia Thompson 77700 Tackson Hall School Herbert Smith Elkton, Md.

IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

North East

213-30-7675

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG

21a. ACCIDENT WAS UNDERLYING

90 DATE OF OPERATION

216. TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

20n AUTOPSY?

21d. INJURY OCCURRED NOT WHILE (AT HOME STREET FACTORY, OFFICE, FARM ETC.)

CITY OR TOWN COUNTY

22a.1 certify that (1) (this haspital) attended the deceased fram____ abave, (I) (we) (did) (did not) view the bady after death. 226 SIGNATURE

DEGREE

. 19_

211 LOCATION

ATTENDING EDICAL STAFF HYSICIAN. DIRECTOR PHYSICIAN 22c DAVE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

874 PHYSICIAN'S NAME OHA

22e ADDRE

20b. IF YES, WERE FINDINGS USED

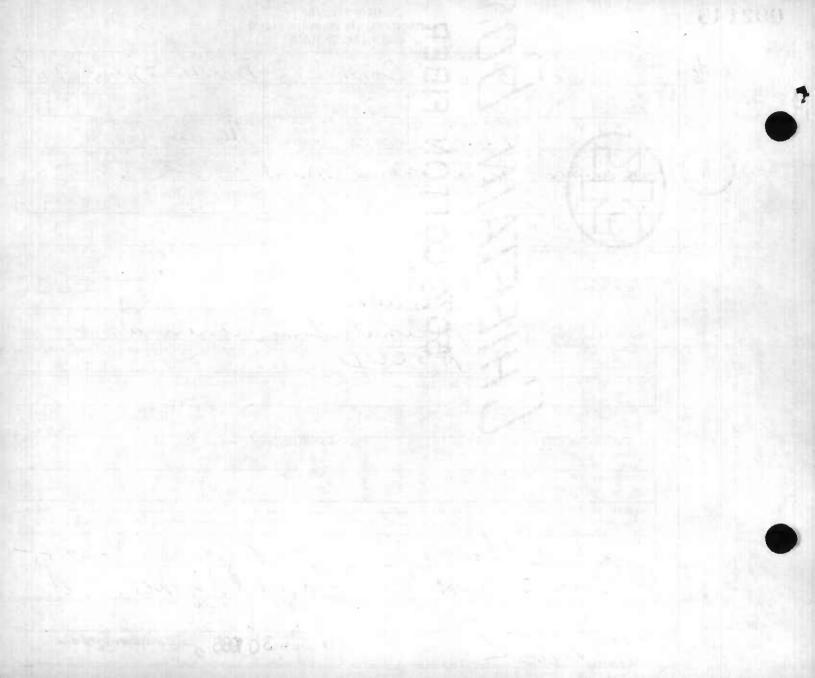
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 12-30-85 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Bay View Meth. Cem. North East.

East Cecil



DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

5. DATE OF BIRTH

HINOM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 25 HOUR 6. AGE (INYEARS LAST BIRTHDAY) DAY YEAR 29 15 70 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewi fe 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / IZIP CODE 00 Its bury NO 15 MOTHER'S MAIDEN NAME MIDDLE LAST Gladys Kenner ADDRESS

THO DECEMBED EVEN	Later Cart was Conces	THE SOCIAL SECONTITION.	II II OMMAN			
YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	215-28-838-	Victoria Bro	ooks 100 /	sbury Rd	. Churchvil
PART I. DEATH W.	H (Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (o)	March 1011	mrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, gave rise to imm couse (a), stating underlying cause	which (b)_ nediate g the DUE TO O	RAS A CONSEQUENCE OF	a astriacus discous	lustre Ci	podiovasa	word
PART 2 OTHER SIGN	VES MU	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ondition given	IN PART 110
19a. DATE OF OPERAT	ION 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY P.M 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

211 LOCATION STREET

COUNTY

STATE

220.1 certify that (1) (this hospital) attended the deceased from the decemed plive or and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

YES [

NAME

- STATE

TYPE OR PRINTS

7a. BIRTHPLACE

COUNTRY

USUAL RESIDEN

14 FATHER'S NAME

Charles

Md.

CITY OR TOWN OF DEATH

3. SEX

REGISTRAR

(STATE OF FOREIGN

4. RACE

MIDDLE

Edward

76 CITIZEN OF WHAT COUNTRY?

USA

11. NAME OF HOSPITAL NURSING HOME

churchville

Daughertv

230. BURIAL, CREMATION, REMOVAL 236 DATE

(TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

ASBURY

23d LOCATION CITY OR TOWN

NO

CITY OR TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

(SPECIFY) BP. Burial

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

CERTIFICATION

MEDICAL

00

should be detact with the State De tAAPORTANT: If It

0

(VRA 15, 4)

Arnold W. Beard 353 Fountain St. Havre de Grace

1-4-86

216. TIME OF INJURY

Churchville Harford

C. 0700

and the

100

E* 6 = 0

5-

Transi autil distillusi priss sirali

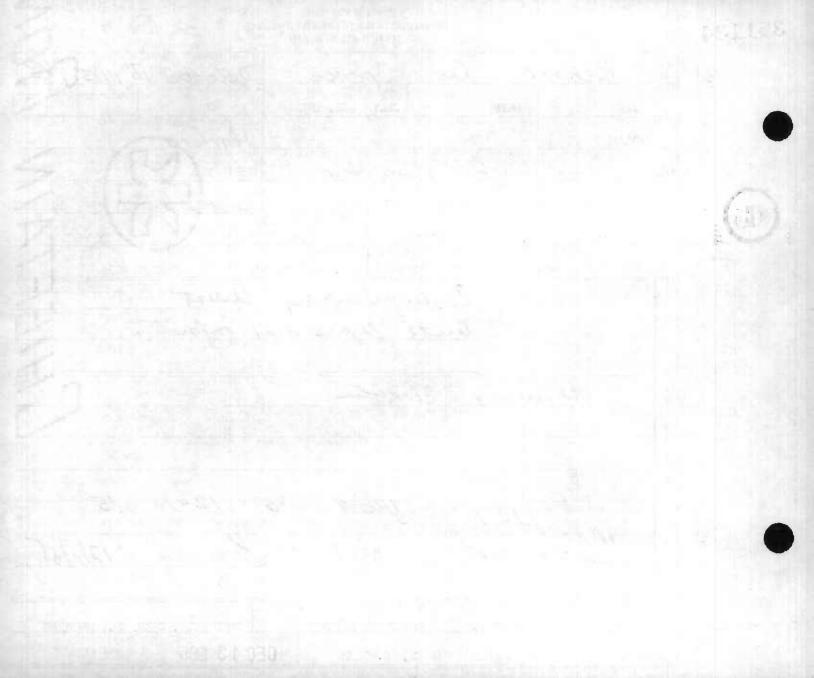
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351	1
4 pun ofter death Page 4 may be	genthante has been lighed by the otherding physician addition. The tip in by the tyneral director, page 3 undertoning permit. Then phase remove carboologister. Pages 1 page. If be filled within 72 hours ofte death
(EE)
cote be execu	hysesen add copen, Pages
he death centif	he otherding p
requires that t	Then please
SICIAN. The low requires that the death certificate be executed up physician.	entificate has be infittement permet

34	1 - STATE REGISTRAR				DEPART		EALTH AND MENT ICATE OF DEAT		NE Ö D	3	6 7	U 4
34			FIRST,	RACE	CARL	5. DATE O			December AGE (IN YEARS LAST BIRTHDA	-10h	1985 NDER I YEAR IF	HOUR A M UNDER 24 HRS
		MALE		WHITE		JULY	23, 1943	3	42	YRS	HS DAYS H	OURS MIN,
36		IRTHPLACE (STATE OR F COUNTRY) MARYLAND	OREIGN 7b.	CITIZEN OF W	HAT COUNTRY	? 8. MARRIEI WIDOWE	D NEVER MARRI	IED 🕌	Harford	OUNTY OF	DEATH	MD
Ele	14	We de Gra	ce /	1ACTO	FACILITY, GIVE STEE	ADDRESS)	HOSP.	(20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO UNEMPLOYED		26 KIND OF B NDUSTRY	USINESS OR
36	130.	MD	136 COUNTY HARFORI		136 CITY OR TOV HAVRE de	WN	13d. INSIDECITY LIA YES 🔯 NO		3e.STREET ADDRESS / ZI		Т	21078
100	14. F.	ATHER'S NAME	MIDI		LAST	- 44	15. MOTHER'S MAIL		WIDDIE		LAST	
7	16a Y	DRAPER WAS DECEASED EVER		D FORCES?	SPENCE 166 SOCIAL SEC		HELE 17 INFORMANT	<u>-N</u>	ADDRESS		CLEMEN	5
1 19		YES, NO OR UNKNOWN)	1963-15		213 42 32	245	MRS. HELEN	N SPENCE	E SAN	ME AS #]	13e	
or other traumatic even		Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which dedicte g the lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQU	JENCE OF	yo car		Avest Sufare			
over any injury.	THEATION	90 DATE OF OPERAT	lean	may	Ce	nger	NOT RELATED TO THE			DE IF YES, WE	ERE FINDING	
or from 18 sh	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	P.M 21e PŁACE O	. MONTH D	19	211 LOCATION	OCCURRED	O (ENTER NATURE OF INJURY IN	ITEM 18 PART I	4	
ANI, if hem 21 is marked	MI	270.1 certify that (1) saw the decessed obove, (1) (ne) id	(this hospitol) d olive on id) (did not) vi	ottended the	19.	12 85 on	od that in (my) (our) of DEGREE PHYSIC	IDING	to	O, 192	95 , tho	
M M M		BURIAL, CREMATION, I (SPECIFY) BURIAL		23b. DATE			EMETERY OR CREMA	ATORY	23d LOCATION CITY OR TOWN RISING SUN. (UNITY MARY	STATE
OM 7/B4	100	UNERAL DIRECTOR NAME I TCHELL FUNER		. 19 = 1	ADDRESS			250. DATE R	REC'D, BY REGISTRAR 256.	REGISTRAR'		E

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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٤	- 60	0	

ULU 26 1985 guila Sevidor Mandale

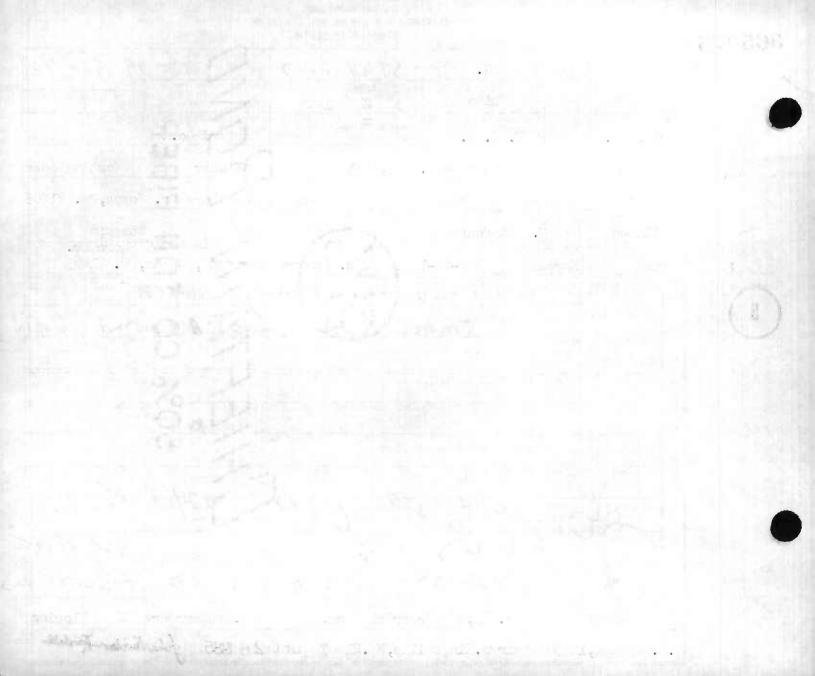
1									REG. N				1117
		CEASED NAME	ACI -	0	MIDDLE	CT	7000A	20	20. DATE OF DEATH	2- 16	7 ST	A HOUS	4)
ч	3. SEX	× '/	1101	4 RACE		5. DATE C	DE BIRTH	6	AGE (IN YEARS LAST BIR	THDAY) IF L	JNDER I YEAR	# SINDER	TIM
		Male		Wh	ite	3 MONTH		YEAR 29	56	YRS.	THS DAYS	HOURS T	MPN
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8.	NEVER MAR	9	BALTIMORE CITY		DEATH		
9		country)		U. S	. A.	WIDOWE		CED	Harford C	0			MD.
7	10 CI	ITY OR TOWN OF DEA	TH			URSING HOME C	OR OTHER INSTITU		17a USUAL OCCUPAT		12b. KIND O		SSOR
1		allston			ton Ger	-	ital		Engineer		West:	ingho	use
6	13a. S		Harf	ITY	13t. CITY OF	RTOWN	13d. INSIDE CITY YES \(\Bar \)	LIMITS?	765 Shore	ZIP CODE.	ppa, M	d. 21	.085
1	14 FA	ATHER'S NAME		MIDDLE	LAS	ST.	15 MOTHER'S M.		E MIDDLE		1 A S	1	
U	I	llwood		I. Sto	ddard		Jenny		May	St	egmañ		
		WAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT	4-7-		ss 765 S			
		yes	Kore		366-26	5-1331	Mrs. Sar	ndra S	toddard,	Joppa, M	d. 21	085	111
		18 CAUSE OF DEATH	t Enter on	ly one couse pe	r line for (a), (bundicul	"u Lma	nlan	1 41	1150	BETWEEN	IMATE INTER	/AI DE ATH
		PART I. DEATH W.		E CAUSE (o)	CM	CDIOP	acria	IOFIC	N IN	40671			
				DUE TO, C	R ASA CON	SEQUENCE OF	1 0		0,000	0 0 1 -	. 1	1	
		Conditions, if ony,		((b)_	SM	An	CELL	LU	ING CAI	CLING	MI	6	MIN
		gove rise to imm couse (0), stating	g the	DUE TO, C	R AS A CON	SEQUENCE OF							
	77	underlying couse	lost.	((c)					40.71				
	_	PART 2 OTHER SIGN	HEICANT (ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	0.	
	CERTIFICATION												
7	ICA	19a DATE OF OPERAT	ION	19b COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDING CAUSES	OF DEAT	H?
1	RTIF								YES NO NO	YES [NO [
A		710. ACCIDENT WAS UND	_	110110 1		H DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)		
7	Š	(IF EITHER NOTIFY MEDIC			.M.	19							
	MEDICAL	21d INJURY OCCURR			OF INJURY	OFFICE FARM ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	51	ATE
	<	WHILE NOT WH	ILE		1/	1		01	10	19	a		
		22a.1 certify that	A CONTRACTOR OF THE PARTY OF TH	rali angulyd i	he detrased t		<u></u>	19 0 3	_, to	19.	03	()	ve) lost
		sow the destate	d News and	yellw the boo	ofter depth.	19 <u>03</u> , or	nd that v (m)v) (ou	r) opinion de	eath occurred on the d	ate and hour or	nd from the	couses sto	ted
		27 SIGNATURE	0	61,	2 X	/ 0.1	DEGREE	- minute	Armen er		22c. DATE	SIGNED	0
0		1	7	now	m)	Y	PHY	SICIAN D	NEDICAL STA		12/	17/	55
1		THE PHYSICIAN'S NA	ME TYPE C	R PRINT)	11-05	1	27e ADDRESS	26	1-1		(-n-	7	1 10.
		011900	1	EDI	N/TY W	7)	8116	SEL	MIC 1	ソー	HILL	-> (0)	, ru
	23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	02 04		EMETERY OR CRE	MATORY	236 LOCATION	, ,	OUNTY	- SI	ATE.
		Burial		Dec.	43,05	Memoria	l Park,		St. Peter	sourg		Flor	rds

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

E.F.Lässahn, 11750BelairRd.Kingsville, Md. 21087

BP.



003113

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG, NO.	
1. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) PETER	М.	TAT	TAREWICZ	18	2285 43 Pm
3. SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	MONTH			MONTHS DAYS HOURS MIN,
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	26 19	9 BALTIMORE CITY OR CO	
Maryland	USA	MARRIE	D WEVER MARRIED DIVORCED	HARFOR	County MD.
10 CITY OR TOWN OF DEATH		TAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
FALLSTON/	FALLST	TY, GIVE STREET ADDRESS)	ERAL	trype of work for most of work Engineer	Schaefer Brew
SUAL RESIDENCE (IF NURSING HOME OF 130. STATE Maryland	ROTHER INSTITUTION GIVE RENTY	SIDENCE BEFORE ADMISSION) HY OR TOWN	13d. INSIDE CUY LIMITS?	13e STREET ADDRESS / ZIP 6 6309 Brown Av	CODE 21224
14. FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST
Nicholas		rewicz	Angel ine	Not	Known
160 WAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Yes, no or unknown) (IF YES, GI	II 21	7-03-8204	Dolores L. 7	Tatarewicz sam	me as 13e
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	BUTING TO DEATH BUT			4
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATION	n was performed		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTROLLYING TO CHUSE OF DE	4111	JRY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART?)
GIF EITHER, NOTIFY MEDICAL EXAMINE UNITED THE NOTIFY MEDICAL EXAMINE WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF IN.	JURY ETORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	- curorroya	COUNTY STATE
220 I certify that (I) this losp saw the deceas I give an abave, (I) (w) d ((g/d) no	12120	19 00	d that in (my) (aur) apinion	death occurred on the date and	that (II (we) lost d haur and from the couses stated
22b. SIGNATURE	n_	(DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
22d PHYSICIAN'S NAME UPPEC	t Sm	eth	Falls be	General	Soptal
230. BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial	12-26-85	Oaklawn	Cemetery	Baltimore	Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

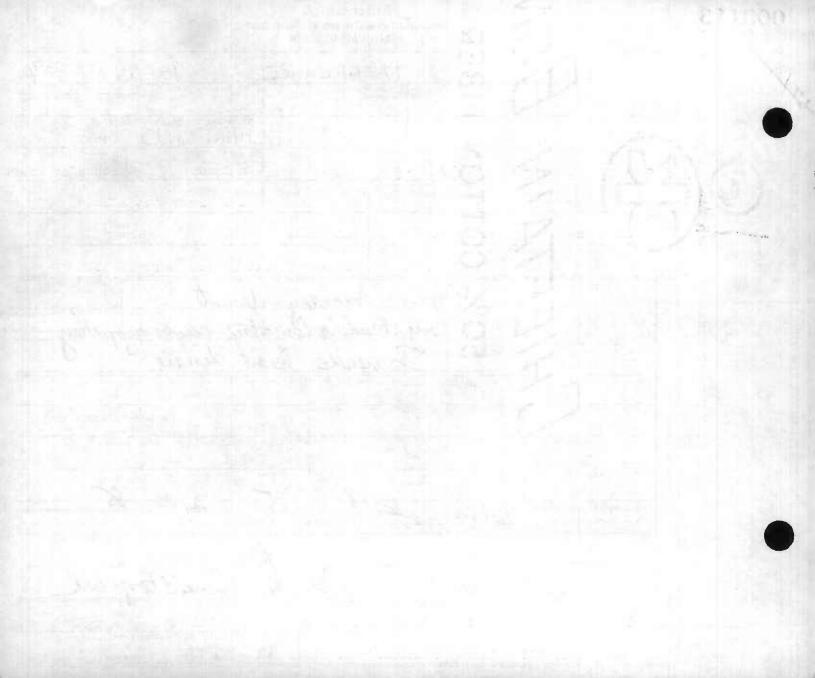
BP.

MPORTANT

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
2 DEC 31 1985 A DECEMBER 1

Duda-Ruck, Inc. 7922 Wise Ave. Balto., Md. 21222



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		DEC	

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1		CEASED NAME FIRST	MAYGENE		(AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	(1145	Helen	MAIGENE	Te	sterman	December &	1985	1140 A
	3 SEX		4 RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1		Female	White	June	1 1 192 7°	58 YRS		
V		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH	
	-	st Virginia	U.S.A.	WIDOWE		120 USUAL OCCUPATION	101 VIND C	MD. OF BUSINESS OR
b	11	11 CARTOWN OF DEATH	(IF NOT IN SUC) FACILITY GIVE STREE		SKOTHER INSTITUTION	ITYPE OF WORK FOR MOST OF WORKING		
7			DR OTHER INSTITUTION GIVE RESIDENCE BEFOR		IN NOSP		0111	
2	13a S		Harford Stree		13d. INSIDE CITY LIMITS?	3008 Bluehou		T. T.
Ä	14. FA	THER'S NAME	MIDDLE LAST	000	15 MOTHER'S MAIDEN NAM		LAS	
Ų	el-	Cassie	A. Lewis		Madge		Brown	
h		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES		17 INFORMANT	ADDR200	Creame	ry Ave.
		NO NO	NE 232-34-	6139	Larry D. Te	esterman Delt		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per line for (a), (b) a	ndic m	use had	The the	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIA	ATE CAUSE (a)		Locard 100	134000105		
	11.	Carabian a to t	DUE TO, OR AS A CONSEQU	ENCE OF	· milial	Die Darlin	con lella	/
		Conditions, if ony, which gave rise to immediate couse (a), stating the) (6)	131517	They corrected	Large Calentin	is no wa	
		couse (0), stating the underlying cause last	DUE TO, OP AS A CONSEQU	IENCE OF	91	sure		
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 10	
4	1101	COMMIC	OPYreat IVS	PU	Mushby (200 AUTOPSY? 206 IF Y	YES, WERE FINDIN	ICC LICES
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED		TIFYING CAUSES	
1	CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM T		,,,,
1		OR CONTRIBUTING CAUSE OF OR		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	FARM FIC)	21f. LOCATION	CITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	TAN TOTAL STREET, VACIONI OTTICE	TARM, ETC. J				
			pital) attended the deceased fram.		. 19	, to		that (f) (we) lost
		bave, (I) (we) (did) (did n	19			death occurred on the date and h	our and from the	causes stated
		Muake V	P. D. T.		DEGREE ATTENDING	MEDICAL STAFF	A BAIL	Dec.3,
		22d. PHYSICIAN'S NAME LITYPE	OR PRINT)	-120	220 ADDRESS	DIRECTOR PHYSICIAN	THINK	85
		SANGTIII.	KIM		308 S. Uni	on Ave House	de Gra	w. Md
ľ		URIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY_OR TOWN		21828
		BURIAL	Dec. 5,1985	Bel I	Air Mem. Gds	s Bel Air H		Maryland
		JNERAL DIRECTOR	omas III Abîho	rdon	Maryland OF		ISTRAR'S SIGNAT	Renda PR
	uc	ward K. MCC	omas III ADING	doll,	Mary rand UE	COST C		· Carre

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

FOR

REGISTRAR 1. DECEASED NAME

Male

TO BERTHPLACE (STATE OR FOREIGN

Maryland

William

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

O CITY OR TOWN OF DEATH

Maryland

14. FATHER'S NAME

- STATE

(TYPE OR PRINT)

1. SEX

STATE OF MARYLAND

B.

White

76 CITIZEN OF WHAT COUNTRY

U.S.A.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTE

Jarrettsville

Watkins

16b SOCIAL SECURITY NO

LAST

Watkins

Sept. 12 189

15 MOTHER'S MAID

17. INFORMANT

MARRIED NEVER MARRIE

DEATH	REG. NO	D.		
kins Sr.	20. DATE OF DEATH	12 - 5	- 85	336 M
1896	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
R MARRIED DIVORCED	HARFO	-	Count	y
OSPITAL	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Engineer	F WORKING LIFE)	INDUSTRY	F BUSINESS OR Schoo
CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE cks Ro	ad 2	1084
Anna	WIDDLE		Amos	38
J	arretts 1215	lè Md.	2108	34

212-26-1672 Shirley L. Peyton 3228 Rocks Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH . CAUSE OF DEATH (Enter only one couse per line for (a), (b), and icu PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF Mode rate underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

COPT

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Burial

90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

KENNETH

136 COUNTY

Harford

4 RACE

UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

(IF YES GIVE WAR OR DATES)

0.

716 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M.

21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

21f LOCATION

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (pg) (our) opinian death accurred on the date and hour and from the causes stated abave, (1) (me) total) (did not) view the body ofter deoth.

22b. SIGNATURE DEGREE

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

Air Rd. FALLSTON, Md.

22c. DATE SIGNED 85

22d. PHYSICIAN'S NAME

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

2112 Bel 23c. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

23d LOCATION

Maryland

24 FUNERAL DIRECTOR

Baltimore, Maryland Leonard J. Ruck, Inc.

Dec 9 1985

Baltimore LAR 256 REGISTRAR'S SIGNATURE man I como! not find the days

DHMH - 16 60M 7/B4 (VRA 15, 4)

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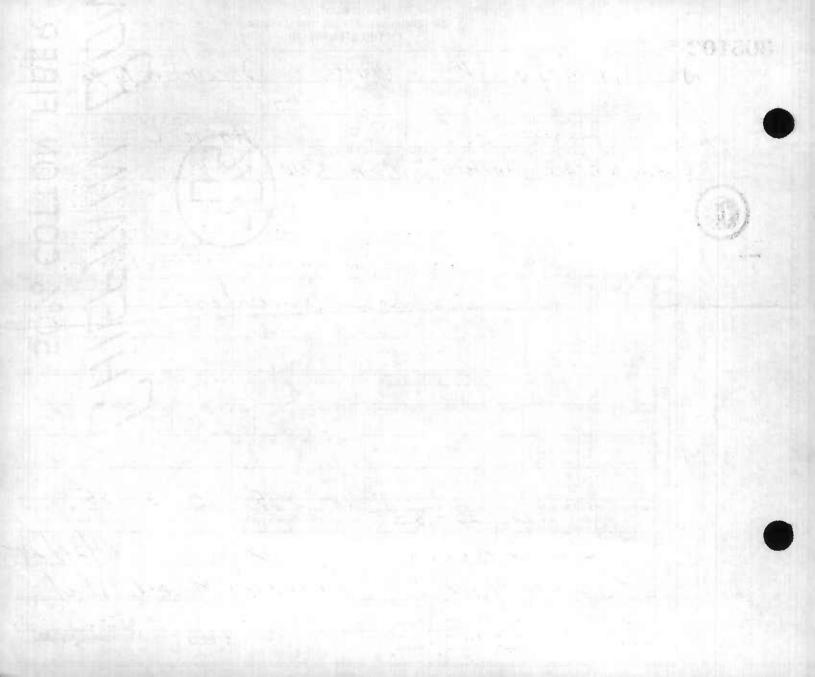
Account of suce, inc. Caltinors, Maryland

	FOR	
-	STATE	

STATE OF MARYLAND

TATAST++C	20 DATE OF	DEATH	700 H/7 6	AY/OFE	48
CERTIFICATE OF DEATH		REG. N	0.		
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE G	2	0	4	

365102		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.		
		OR PRINT	n MIDDE.	Watts	20 DATE OF DEATH	12 19 185 AS 26 HOUR 53		
1 80	3. SE	· July	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	IMDAY) RIYEAR IF UNDER 24 HRS		
or 4 and an other		Female	White	Aug. 13, 1917	68	YRS		
S Special P	7a. BI	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
8 31 /8/	distance of	North Carolin		WIDOWED DIVORCED DIVORCED DIVORCED	171701	County MD.		
1 11 66	140	une de brace	(INNOT IN SUCH FACILITY, GIVE STREET	Mem Noza	IZO USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaki	F WORKING LIFE) INDUSTRY		
6	3a 5	AL RESIDENCE (IF NURSING HOME OR OF TATE 136 COUN Harfo	TY 13c. CITY OR TOW	YES NO X		ZIP CODE 21001 11 St. Apt. 408		
	/	John Ol	iver Penderg		WIDDLE	Childress		
1000	- 0	VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 238-16-	5412 Beverly Cov	ey 3946 S	Hall, 21128 MD. chroeder Av.		
hysica opport		PART I. DEATH WAS CAUSED	y ane cause per lipe (ar Ia), (b), an	7	1.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Centify (filling pl (filling) (filling)	3	IMMEDIATE	E CAUSE (a)	use June	mage			
desity of front 6 outline		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF				
by the Dorotte common other to		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF				
equires 1 Then ple to burio injury, o	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
bos bre pend pend pend pend pend pend pend pen	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
CLAN. TI physical inflicate and hyse in 18 th	12000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR PART 2)		
Person harding the buring and Mer ed or Ne	MEDICAL	21d INJURY OCCURRED	21¢ PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE		
Appropried		220 I certify that (I) (this haspite	al) attended the deceased fram.	11-28 19 80	5. 1a 120-	- 20, 19 /5, that (I) (we) last		
ATTE New Park CTO T Set H		saw the deceased alive an abave, (1) (we) (did) did nat	view the body after death.	and that in (my) (aur) apinian o	death accurred on the do			
At OR The his his his his best best and the his his his best his		226. SIGNATURE	Q Ym	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF			
HOSPITA Burned by 5 FUNER Burned by d the fire State		22d PHYSIGIAN'S MAME (TYPE OR	PRINT)	22e ADDRESS	de qu	res. mel		
5 5 5 8 1 g	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. F	NAME OF CEMETERY OR CREMATORY	23d. LOC 41 On 4	COUNTY		
BP		Burial	12-23-85 Ga	ardens of Faith		Balt. Md.		
DHMH - 16 60M 7/84 (VRA 15, 4)	74 FL	Schimunek Fun	Belair Rd. Ir	21236 25. DAI	OLE SO. BY REGISTS AR	25b. REGISTRAR'S SIGNATURE COME		



(VRA 15, 4)

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STATE OF MARYLAND

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and appropriate Description with tall of		W F. 1. F.	zah, misa	4	Tet met

THE REPORT OF THE PARTY OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE I - STATE CERTIFICATE OF DEATH REGISTRAR 007020 DECEASED NAME In DATE OF DEATH IS HOUR CTYPE OF FEMALE Maurice Edmur AGE IN YEARS LAST BETHDAY WILMSHIELD CARAGO BALTIMORE CITY OR COUNTY OF DEATH 12s USUAL OCCUPATION 12s. KIND OF BUSINESS OR THE OF WORK FOR MOST OF WORKING LIFE. INDUSTRY 304 Stevens Circle Simms BETWEEN CNOCK AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [7] NO IT

SCARL

STATE

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COUNTY

STATE OF MARYLAND

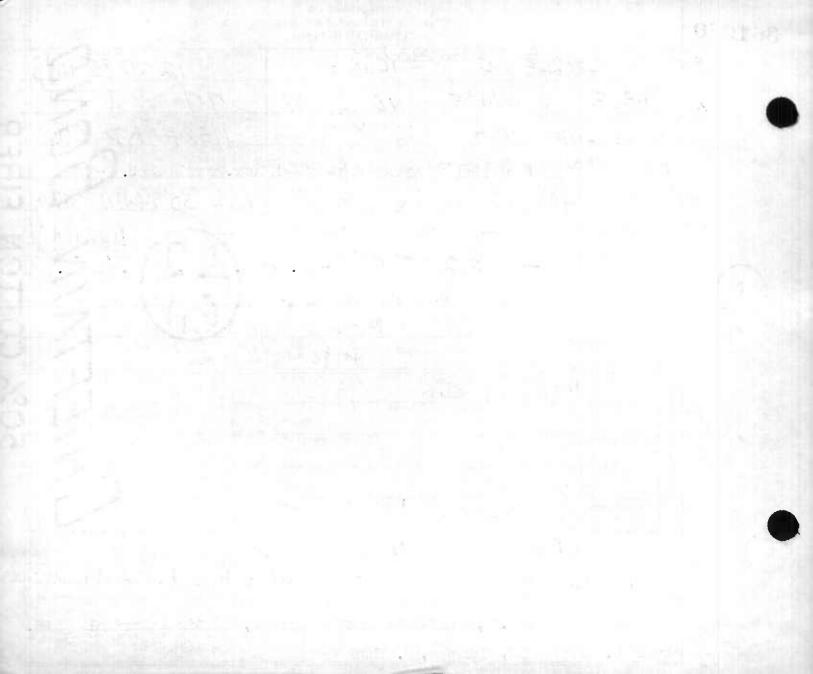
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR 1 - STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
)		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	TIABE	ORPRINT) Hat	MY / ZI	D 1885 1500					
	3 SE)	×	A PACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
1	- OL,	Male	White	MONTH 28- 1910	75 YRS.				
		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 00	9 BALTIMORE CITY OR COUNTY OF DEATH				
1		lto. Md.	U. S. A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	Harford Co. MD.				
91		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
	Fo	llston			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retd. Sales Rep. State Use Ind.				
7	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		Retd. Sales Rep. State Use Ind.				
1	4.4	STATE 13b COUN			I I STREET ADDRESS / ZIP CODE				
4		ryland Harf	ord Forest F	15 MOTHER'S MAIDEN NA	57 E. Jarrettsville Pike				
FIRST MIDDLE LAST FIRST									
Υ,	-	ouis	Zimmerman	Mary	Yelencke				
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? IN SOCIAL SECU		ADDRESS P.O. Box 251				
	n	0	213-05-23	371 Ars. Emma V.	Zimmerman, Forest Hill, Md. 21050				
		18 CAUSE OF DEATH (Enter on	nly ane cause per line loviai, (b) and	id is i	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSE	TE CAUSE (a) Cardio	pulmonary C	rrest 130				
		DUE TO ON A CONSEQUENCE OF							
	Conditions, if any, which gove rise to immediate cause (a), stating the DUETO, OR AS MONEQUENCE OF renal park une								
3									
		underlying cause lost	Net S	dieth and Cacheria					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUE AND A LEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO								
	CERTIFICATION	I che Zophalnue Chronic Depression							
	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
2	TIF		B DETELLERY		YES NO YES NO				
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	1111	19					
	EDI	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY STATE				
	2	WHILE NOT WHILE AT WORK	TATTOME STREET, PACTORY, OFFILE P	1/1 9/	N A 25				
		220 I certify that (I) (this haspi	tal) attended the deceased fram_	NOU.11, 19 00	to 12 (1) (we) last				
		saw the deceased also are C. / 19 on and that in (my) (our) opinian death accurred an the date and hour and Iram the causes stated above. (II) well (did to a love of the death.							
		276. SIGNATURE DEGREE 276. DATE SIGNED /							
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/18/85							
		224 PHYSICIAN'S NAME (TYPE OR PRINT)							
		Albert	S.C. SUN, M	n.D. 18001	Harford Rd, Tallsom, C104/				
	23a. B	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	Parkville Baltimore Md.				
	Burial 12-20-1985 Parkwood Cemetery Parkville Baltimore								
		INERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE				
	E.	F.Lassahn, 11750	BelairRd.Kingsvi	ille, Md. 21087	12 think but builden Bordall				
		CCUES INTO A							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

